

1 UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
2 EASTERN DIVISION
3

IN RE: NATIONAL)
4 PRESCRIPTION) MDL No. 2804
OPIATE LITIGATION)
5 _____) Case No.
) 1:17-MD-2804
6)
THIS DOCUMENT RELATES) Hon. Dan A.
7 TO ALL CASES) Polster
8

THURSDAY, JANUARY 17, 2019

9
HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
10 CONFIDENTIALITY REVIEW

11 - - -

12 Videotaped deposition of Kevin Webb
13 30(b)(6), held at the offices of STINSON
14 LEONARD STREET LLP, 7700 Forsyth Boulevard,
15 Suite 1000, St. Louis, Missouri, commencing
16 at 9:06 a.m., on the above date, before
17 Carrie A. Campbell, Registered Diplomate
18 Reporter and Certified Realtime Reporter.

19

20

21

22 - - -

GOLKOW LITIGATION SERVICES
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deps@golkow.com

24

25

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<p>1 APPEARANCES:</p> <p>2</p> <p>3 KELLER ROHRBACK LLP</p> <p>4 BY: DEAN KAWAMOTO</p> <p>5 dkawamoto@kellerrohrback.com</p> <p>6 GARY GOTTO</p> <p>7 ggotto@kellerrohrback.com</p> <p>8 CHANELE REYES</p> <p>9 creyes@kellerrohrback.com</p> <p>10 1201 Third Avenue, Suite 3200</p> <p>11 Seattle, Washington 98101</p> <p>12 (206) 623-1900</p> <p>13 Counsel for MDL Plaintiffs</p> <p>14</p> <p>15 BRANSTETTER STRANCH & JENNINGS, PLLC</p> <p>16 BY: JAMES G. STRANCH, III</p> <p>17 jims@bsjfirm.com</p> <p>18 SEAMUS KELLY</p> <p>19 seamusk@bsjfirm.com</p> <p>20 223 Rosa L. Parks Avenue, Suite 200</p> <p>21 Nashville, Tennessee 37203</p> <p>22 (615) 254-8801</p> <p>23 Counsel for the Tennessee Action</p> <p>24</p> <p>25 ARMSTRONG TEASDALE, LLP</p> <p>BY: SARAH E. HARMON</p> <p>sharmon@armstrongteasdale.com</p> <p>7700 Forsyth Boulevard, Suite 1800</p> <p>St. Louis, Missouri 63105</p> <p>(314) 621-5070</p> <p>Counsel for Cardinal Health, Inc.</p> <p>COVINGTON & BURLING LLP</p> <p>BY: RYAN ROBERTS</p> <p>rroberts@cov.com</p> <p>(VIA TELECONFERENCE)</p> <p>850 Tenth Street, NW</p> <p>Washington, DC 20001-4956</p> <p>(202) 662-6000</p> <p>Counsel for McKesson Corporation</p>	<p>1 INDEX</p> <p>2 PAGE</p> <p>3 APPEARANCES..... 2</p> <p>4 EXAMINATIONS</p> <p>5 BY MR. KAWAMOTO..... 10</p> <p>6 BY MR. KELLY..... 157</p> <p>7</p> <p>8 EXHIBITS</p> <p>9 No. Description Page</p> <p>10 Mallinckrodt Amended Notice of Deposition 11</p> <p>Webb 1 Pursuant to Rule 30(b)(6)</p> <p>11 and Document Request</p> <p>Pursuant to Rule 30(b)(6)</p> <p>12 and Rule 34 to Defendants</p> <p>Mallinckrodt PLC,</p> <p>13 Mallinckrodt LLC and SpecGx</p> <p>LLC</p> <p>14</p> <p>Mallinckrodt E-mail(s), 41</p> <p>15 Webb 2 MNK-T1_0002159712 -</p> <p>MNK-T1_0002159716</p> <p>16</p> <p>Mallinckrodt E-mail(s), 49</p> <p>17 Harper 3 MNK-T1_0002183036 -</p> <p>MNK-T1_0002183043</p> <p>18</p> <p>Mallinckrodt E-mail(s), 56</p> <p>19 Webb 4 MNK-T1_0001786889 -</p> <p>MNK-T1_0001786899</p> <p>20</p> <p>Mallinckrodt E-mail(s), 58</p> <p>21 Webb 5 MNK-T1_0002248914 -</p> <p>MNK-T1_0002248914 -</p> <p>22 MNK-T1_0002248926</p> <p>23 Mallinckrodt "Why wrestle with chronic 60</p> <p>Webb 6 pain,"</p> <p>24 MNK-T1_0000243238</p> <p>25</p>
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1	Mallinckrodt CARES Alliance Tools Catalog 83	1	VIDEOGRAPHER: We are now on 08:57:13
2	Webb 15 and Order Form.	2	the record. My name is James Arndt. 09:06:41
3	MNK-T1_0001493093 -	3	I am a videographer for Golkow 09:06:43
4	MNK-T1_0001493105	4	Litigation Services. 09:06:45
5	Mallinckrodt Defeat Chronic Pain Now!, 99	5	Today's date is January 17, 09:06:45
6	Webb 16 Galer & Argoff	6	2019, and the time is 9:06 a.m. 09:06:49
7	Mallinckrodt E-mail(s), 110	7	This video deposition is being 09:06:51
8	Webb 17 MNK-T1_0004204631	8	held in St. Louis, Missouri, in the 09:06:54
9	Mallinckrodt E-mail(s), 116	9	matter of the National Prescription 09:06:55
10	Webb 18 MNK-T1_0000876836 -	10	Opiate Litigation for the United 09:06:59
11	MNK-T1_0000876838	11	States District Court for the Northern 09:07:00
12	Mallinckrodt E-mail(s), 123	12	District of Ohio, Eastern Division. 09:07:02
13	Webb 19 MNK-T1_0000866405 -	13	The deponent is Kevin Webb. 09:07:02
14	MNK-T1_0000866407	14	Will counsel please identify 09:07:05
15	Mallinckrodt E-mail(s), 125	15	themselves. 09:07:07
16	Webb 20 MNK-T1_0000864164 -	16	MR. KAWAMOTO: Dean Kawamoto, 09:07:07
17	MNK-T1_0000864168	17	Keller Rohrback, for the plaintiffs. 09:07:09
18	Mallinckrodt Mallinckrodt Master 139	18	MS. REYES: Chanele Reyes, 09:07:13
19	Webb 21 Stakeholder List	19	Keller Rohrback, for the plaintiffs. 09:07:14
20	MNK-T1_0000860223 -	20	MR. GOTTO: Gary Gotto, Keller 09:07:15
21	MNK-T1_0000860232	21	Rohrback, for the plaintiffs. 09:07:17
22	Mallinckrodt E-mail(s), 161	22	MR. KELLY: Seamus Kelly, 09:07:18
23	Webb 22 MNK_TNSTA04423166 -	23	Branstetter, Stranch and Jennings for 09:07:20
24	MNK_TNSTA04423167;	24	the Tennessee plaintiffs. 09:07:21
25	MNK_TNSTA04423170	25	MR. STRANCH: Jim Stranch from 09:07:22
1	Mallinckrodt E-mail(s), 165		
2	Webb 23 MNK_TNSTA00198469 -		
3	MNK_TNSTA00198470		
4	Mallinckrodt FY13 Speaker Program Spend 169		
5	Webb 24 Report 5-10-13, Modified to		
6	Show TN Only		
7	MNK_TNSTA00184173		
8	Mallinckrodt FY13 Speaker Program Spend 170		
9	Webb 25 Report by Region as of		
10	6-22-13, Modified to Show TN		
11	Only		
12	MNK_TNSTA00184232		
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1	Mallinckrodt E-mail(s), 172	1	the same firm, same clients. 09:07:23
2	Webb 26 MNK-T1_0006524864 -	2	MR. GABEL: Louis Gabel from 09:07:26
3	MNK-T1_0006524865	3	Jones Day representing Walmart. 09:07:28
4	Mallinckrodt Advocacy: Pain Franchise 178	4	MS. HARMON: Sarah Harmon with 09:07:30
5	Webb 27 Commitments, March 20, 2015,	5	Armstrong Teasdale representing 09:07:31
6	MNK_TNSTA01002290	6	Cardinal Health. 09:07:33
7	Mallinckrodt E-mail(s), 179	7	MR. GOLDSTEIN: Joshua 09:07:33
8	Webb 28 MNK_TNSTA00155119 -	8	Goldstein with Ropes & Gray on behalf 09:07:35
9	MNK_TNSTA00155122	9	of the witness, Mallinckrodt, LLC and 09:07:37
10	(Exhibits attached to the deposition.)	10	SpecGx, LLC. 09:07:40
11		11	MR. O'CONNOR: Brien O'Connor, 09:07:42
12		12	Ropes & Gray, on behalf of the 09:07:43
13		13	witness, Kevin Webb, Mallinckrodt, 09:07:44
14		14	LLC, and SpecGx, LLC. 09:07:47
15		15	VIDEOGRAPHER: Will attorneys 09:07:51
16		16	present by phone please identify 09:07:52
17		17	themselves? 09:07:54
18		18	MR. ROBERTS: Ryan Roberts from 09:07:54
19		19	Covington & Burling on behalf of 09:07:57
20		20	McKesson. 09:07:58
21		21	MR. JOHNSON: Jim Johnson on 09:07:59
22		22	behalf of ABDC from Jackson Kelly. 09:08:01
23		23	VIDEOGRAPHER: The court 09:08:08
24		24	reporter is Carrie Campbell and she 09:08:08
25		25	will now swear in the witness. 09:08:10

<p style="text-align: right;">Page 10</p> <p>1 KEVIN WEBB, 2 of lawful age, having been first duly sworn 3 to tell the truth, the whole truth and 4 nothing but the truth, deposes and says on 5 behalf of the Plaintiffs, as follows: 6 09:08:16 7 DIRECT EXAMINATION 09:08:16 8 QUESTIONS BY MR. KAWAMOTO: 09:08:17 9 Q. Good morning, Mr. Webb. 09:08:18 10 A. Good morning. 09:08:19 11 Q. Thank you for being here today. 09:08:19 12 As you're aware, you're going 09:08:20 13 to be testifying in two different capacities. 09:08:23 14 Today you're going to be testifying on behalf 09:08:25 15 of Mallinckrodt as a 30(b)(6) witness, and 09:08:27 16 then tomorrow you'll be testifying in your 09:08:30 17 individual capacity. 09:08:32 18 Is this consistent with your 09:08:33 19 understanding, sir? 09:08:34 20 A. Yes. 09:08:35 21 Q. Okay. Have you ever testified 09:08:36 22 as a 30(b)(6) designee before? 09:08:38 23 A. No. 09:08:40 24 Q. Okay. And you understand that 09:08:41 25 today you're going to be testifying on behalf 09:08:43</p>	<p style="text-align: right;">Page 12</p> <p>1 do -- and, you know, we've negotiated some of 09:09:35 2 these topics with your counsel so there have 09:09:37 3 been some modifications in terms of, you 09:09:39 4 know, what you're testifying to as opposed to 09:09:42 5 what others are. 09:09:44 6 But what I would like to do is 09:09:45 7 once you get the notice, I would like to go 09:09:47 8 through the exhibit with you. 09:09:50 9 So turning to Topic 2, sir, and 09:09:57 10 I think that's on page 5? 09:10:02 11 A. Uh-huh, yes. 09:10:07 12 Q. Can you read the green portion 09:10:08 13 of that topic? 09:10:11 14 A. Do you want me to read it out 09:10:12 15 loud or just -- 09:10:14 16 Q. Read it out loud, please. 09:10:15 17 A. Read it out loud. 09:10:17 18 Topic 2, "The role of 09:10:20 19 wholesalers, distributors and pharmacies, 09:10:21 20 including but not limited to defendants, in 09:10:24 21 the supply chain of your opioid products and 09:10:26 22 responsibilities of each with respect to 09:10:29 23 marketing, sales, supply." 09:10:31 24 Q. And are you prepared to testify 09:10:35 25 on that topic today? 09:10:37</p>
<p style="text-align: right;">Page 11</p> <p>1 of the company, correct? 09:08:45 2 A. Correct. 09:08:45 3 Q. Now, is it also your 09:08:46 4 understanding that as Mallinckrodt's 30(b)(6) 09:08:51 5 designee for certain topics you had an 09:08:54 6 obligation to educate yourself as to each 09:08:57 7 topic? 09:08:59 8 A. Yes. 09:09:00 9 Q. And did you, in fact, do so? 09:09:00 10 A. Yes. 09:09:01 11 Q. So I would like to mark this as 09:09:02 12 Exhibit 1. 09:09:09 13 (Mallinckrodt-Webb Exhibit 1 09:09:10 14 marked for identification.) 09:09:10 15 QUESTIONS BY MR. KAWAMOTO: 09:09:10 16 Q. And so, Mr. Webb, I'm handing 09:09:15 17 you Exhibit 1, which is a color-coded copy of 09:09:15 18 the amended notice of deposition. You'll see 09:09:20 19 that it's got different colors for different 09:09:24 20 topics. 09:09:26 21 The topics that I understand 09:09:26 22 you'll be testifying on or you're prepared to 09:09:28 23 testify on today are in green. 09:09:31 24 A. Okay. 09:09:34 25 Q. And so I would like you to 09:09:34</p>	<p style="text-align: right;">Page 13</p> <p>1 A. Yes. 09:10:38 2 Q. And what did you do to 09:10:38 3 prepare for -- or what did you do to prepare 09:10:40 4 to testify on that topic? 09:10:42 5 A. I met with my counsel. 09:10:43 6 Q. Okay. Did you review any 09:10:44 7 documents in connection with that topic, sir? 09:10:50 8 A. I don't recall if I reviewed 09:10:51 9 any documents pertaining to this topic. 09:10:53 10 Q. Okay. Did you review documents 09:10:55 11 in preparation for this 30(b)(6) deposition? 09:10:56 12 A. Yes. 09:10:59 13 Q. And were those documents 09:10:59 14 provided by counsel? 09:11:02 15 A. Yes. 09:11:03 16 Q. Did you review any documents 09:11:03 17 that were not provided by counsel? 09:11:04 18 A. No. 09:11:06 19 Q. How many times did you meet 09:11:06 20 with your counsel regarding either today's 09:11:09 21 deposition or tomorrow's deposition? 09:11:13 22 A. Three. 09:11:15 23 Q. Okay. And do you recall 09:11:16 24 roughly when they were? 09:11:18 25 A. Yesterday and there were, let's 09:11:19</p>

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1 see, two times -- there was one time in 09:11:25
2 December and then -- I'm losing track. I 09:11:29
3 don't think I met in January. So it was 09:11:33
4 either late -- mid to late December or early 09:11:36
5 January. I have to -- I think we're still 09:11:38
6 locking in on the date. 09:11:39
7 Q. And going to the December 09:11:41
8 meeting, do you recall how long the meeting 09:11:42
9 lasted for? 09:11:44
10 A. It was a full day. It was 09:11:45
11 eight hours. 09:11:46
12 Q. And do you recall which of your 09:11:47
13 counsel were present? 09:11:53
14 A. Well, Brien was part of the 09:11:53
15 meeting in and out. We had Andrew. I 09:11:56
16 can't -- I don't know Andrew's last name. 09:12:02
17 And then William. And I don't know if Cassie 09:12:04
18 is an attorney or not. 09:12:09
19 MR. O'CONNOR: She is. 09:12:12
20 THE WITNESS: And Cassie. 09:12:12
21 QUESTIONS BY MR. KAWAMOTO: 09:12:13
22 Q. And did you meet with anyone 09:12:14
23 else present other than your four lawyers? 09:12:15
24 A. When I was meeting with them in 09:12:18
25 their offices yesterday, no. 09:12:20

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1 Q. No, I'm sorry. 09:12:23
2 In terms of the December 09:12:24
3 meeting, was anyone else present other than 09:12:25
4 the four lawyers you've identified? 09:12:27
5 A. No. 09:12:29
6 Q. Okay. Turning to the meeting 09:12:30
7 that you believed occurred in early January, 09:12:32
8 how long did that last for? 09:12:34
9 A. That would have been an 09:12:35
10 eight-hour as well. 09:12:38
11 Q. And who was present for that 09:12:38
12 meeting? 09:12:40
13 A. The same individuals. They 09:12:40
14 weren't present the entire time, but in and 09:12:41
15 out. 09:12:44
16 Q. Understood. 09:12:45
17 And then for the meeting 09:12:45
18 yesterday, roughly how long did that last 09:12:46
19 for? 09:12:50
20 A. That was a full day as well. 09:12:50
21 That was from 9 until 5. 09:12:52
22 Q. And who was present for that? 09:12:53
23 A. The same -- Josh was present as 09:12:55
24 well, to my right, and Brien and Cassie. 09:12:57
25 Q. Have you talked to anyone else 09:13:02

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1 other than your lawyers in terms of preparing 09:13:04
2 for these depositions? 09:13:08
3 A. For Item Number 2 or for the 09:13:09
4 deposition in general? 09:13:12
5 Q. Well, actually that's a good 09:13:13
6 point. Why don't we go through the topics 09:13:15
7 and then I'll ask that question. 09:13:18
8 A. Okay. 09:13:18
9 Q. But for Topic Number 2, you 09:13:20
10 haven't spoken to anyone other than your 09:13:22
11 counsel? 09:13:24
12 A. Correct. 09:13:24
13 Q. Okay. Can you read the green 09:13:24
14 portions of Topic 3? 09:13:26
15 A. Topic 3, "Warning letter sent 09:13:27
16 to you by the FDA and any other 09:13:30
17 communications between you and the FDA 09:13:33
18 regarding your marketing -- or your opioid 09:13:36
19 products, your responses to these letters, 09:13:42
20 all subsequent actions you took in response 09:13:44
21 to those communications and all budgets for 09:13:46
22 such actions by year." 09:13:48
23 Q. Okay. What did you do to 09:13:51
24 prepare to testify on this topic? 09:13:53
25 A. I reviewed this particular 09:13:58

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1 issue with counsel. 09:13:59
2 Q. And did you speak to anyone 09:14:00
3 else other than your counsel regarding this 09:14:02
4 topic? 09:14:04
5 A. No. 09:14:04
6 Q. Do you recall reviewing any 09:14:04
7 documents relating to this topic? 09:14:06
8 A. There was not a document I 09:14:06
9 recall of other than the topic being 09:14:09
10 discussed, and if there was a document, I 09:14:11
11 don't recall seeing any particular document. 09:14:15
12 Q. Okay. Can you read Topic 09:14:16
13 Number 4, the green portions of it? 09:14:18
14 A. Number 4, "Your interactions 09:14:20
15 with the DEA or FDA regarding the scheduling 09:14:23
16 of controlled substances or the distribution 09:14:26
17 of controlled substances, including 09:14:29
18 compliance, regulatory and administrative 09:14:31
19 actions, communications and penalties." 09:14:34
20 Q. And I guess I should modify 09:14:36
21 that. You're not going to speak as to the 09:14:37
22 DEA -- 09:14:40
23 A. Okay. 09:14:40
24 Q. -- I believe. 09:14:41
25 So with respect to that topic 09:14:42

<p style="text-align: right;">Page 18</p> <p>1 and the FDA, are you prepared to testify on 09:14:44</p> <p>2 that topic? 09:14:46</p> <p>3 A. Yes. 09:14:47</p> <p>4 Q. And what did you do to prepare 09:14:47</p> <p>5 for that topic? 09:14:50</p> <p>6 A. Met with counsel. 09:14:50</p> <p>7 Q. Do you recall reviewing any 09:14:51</p> <p>8 documents? 09:14:53</p> <p>9 A. No. 09:14:53</p> <p>10 Q. Did you speak with anyone else 09:14:53</p> <p>11 other than counsel regarding this topic? 09:14:55</p> <p>12 A. No. 09:14:56</p> <p>13 Q. Can you please read Topic 09:15:00</p> <p>14 Number 8? 09:15:03</p> <p>15 A. Number 8, "All actions you 09:15:03</p> <p>16 took, if any, after the CDC declared an 09:15:05</p> <p>17 opioid epidemic in 2011 and introduced 09:15:09</p> <p>18 guidelines to help reduce opioid prescribing 09:15:13</p> <p>19 to reduce the amount of opioids prescribed, 09:15:16</p> <p>20 reduce supply of opioids to the market, 09:15:20</p> <p>21 dedicated -- sorry, reeducate prescribing 09:15:28</p> <p>22 physicians and the public about the opioid 09:15:32</p> <p>23 epidemic declared by the CDC or the dangers 09:15:36</p> <p>24 of opioids and all budgets for such efforts 09:15:40</p> <p>25 by year from 2011 to the present." 09:15:41</p>	<p style="text-align: right;">Page 20</p> <p>1 the interactions with the FDA, if you could 09:16:23</p> <p>2 quickly glance at that. 09:16:27</p> <p>3 A. Okay. 09:16:29</p> <p>4 Q. Do you have personal knowledge 09:16:29</p> <p>5 of that topic, sir? 09:16:31</p> <p>6 A. Well, I'm aware of -- I've not 09:16:34</p> <p>7 personally dealt with this, but I'm aware of 09:16:43</p> <p>8 what the company was doing. Or I'm aware of 09:16:45</p> <p>9 our company's position, I should say, on 09:16:47</p> <p>10 this. 09:16:49</p> <p>11 Q. And you are aware based on your 09:16:49</p> <p>12 personal, professional involvement, or are 09:16:52</p> <p>13 you aware based on your conversations with 09:16:55</p> <p>14 counsel? 09:16:58</p> <p>15 A. Well, I'm aware of the -- yes, 09:16:58</p> <p>16 I'm aware of -- I'm aware of the company's 09:17:07</p> <p>17 position on that -- 09:17:09</p> <p>18 Q. And you have that -- 09:17:10</p> <p>19 A. -- through counsel. 09:17:11</p> <p>20 Q. I'm sorry, just to clarify the 09:17:12</p> <p>21 record. 09:17:14</p> <p>22 Your knowledge regarding this 09:17:14</p> <p>23 topic, is that based on your professional 09:17:16</p> <p>24 involvement with this topic, or is that based 09:17:19</p> <p>25 on knowledge that you obtained from counsel? 09:17:22</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. And are you prepared to testify 09:15:43</p> <p>2 on that topic? 09:15:44</p> <p>3 A. Yes. 09:15:45</p> <p>4 Q. What did you do to prepare for 09:15:47</p> <p>5 that topic? 09:15:49</p> <p>6 A. Met with counsel. 09:15:49</p> <p>7 Q. Okay. Did you speak to anyone 09:15:50</p> <p>8 else? 09:15:52</p> <p>9 A. No. 09:15:52</p> <p>10 Q. Did you review any documents? 09:15:52</p> <p>11 A. I do not recall any documents 09:15:54</p> <p>12 that we reviewed for this particular topic. 09:15:56</p> <p>13 Q. Okay. Do you have personal 09:15:58</p> <p>14 knowledge of this topic? 09:16:00</p> <p>15 A. In my professional capacity? 09:16:01</p> <p>16 Q. Well, I would assume it's from 09:16:06</p> <p>17 your professional capacity -- 09:16:08</p> <p>18 A. Yes, I'm aware -- I'm aware of 09:16:09</p> <p>19 the -- yes, I'm aware of the CDC declaring an 09:16:13</p> <p>20 opioid epidemic. 09:16:17</p> <p>21 Q. And you're aware of what steps 09:16:17</p> <p>22 Mallinckrodt took, if any, in response to 09:16:19</p> <p>23 that? 09:16:21</p> <p>24 A. Yes. 09:16:21</p> <p>25 Q. Actually going back to Topic 4, 09:16:21</p>	<p style="text-align: right;">Page 21</p> <p>1 A. The -- I was not -- well, 09:17:25</p> <p>2 the -- there was -- well, we'll get into that 09:17:34</p> <p>3 as far as what the involvement was because 09:17:36</p> <p>4 there was no involvement. 09:17:37</p> <p>5 But I'm aware of what the 09:17:38</p> <p>6 company's position was and then through my -- 09:17:39</p> <p>7 through counsel of what the company -- what 09:17:42</p> <p>8 Mallinckrodt had done, our position on this. 09:17:44</p> <p>9 Q. And your awareness of that 09:17:47</p> <p>10 position comes from counsel? 09:17:50</p> <p>11 A. Correct. 09:17:52</p> <p>12 Q. So same question with Topic 3, 09:17:52</p> <p>13 do you have personal knowledge of that topic? 09:17:57</p> <p>14 A. I have -- that -- that 09:17:59</p> <p>15 awareness of that particular issue came 09:18:03</p> <p>16 through counsel. 09:18:05</p> <p>17 Q. Okay. And Topic Number 2? 09:18:06</p> <p>18 A. I am aware of -- I have 09:18:09</p> <p>19 personal, professional awareness of it as 09:18:11</p> <p>20 well as engagement through counsel. 09:18:16</p> <p>21 Q. Okay. I believe we can now 09:18:17</p> <p>22 skip to Topic 23, sir. So that's going to be 09:18:33</p> <p>23 on page 9. 09:18:39</p> <p>24 A. Okay. 09:18:41</p> <p>25 Q. Can you please read that? 09:18:41</p>

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<p>1 A. 23, "The surveys, focus groups, 09:18:43 2 market research or other similar research or 09:18:47 3 investigation that you performed, had 09:18:50 4 performed on your behalf or that you received 09:18:52 5 or reviewed regarding physician or public 09:18:55 6 perceptions of the safety, efficacy and/or 09:18:58 7 addictive nature of your opioid products, 09:19:01 8 other opioid products or opioids and your use 09:19:03 9 of focus groups, research or investigations 09:19:07 10 in developing the sales and marketing 09:19:10 11 strategy and/or a strategy on how to affect, 09:19:12 12 change or influence those perceptions." 09:19:16 13 Q. And are you prepared to testify 09:19:19 14 on that topic, sir? 09:19:21 15 A. Yes. 09:19:22 16 Q. Did you review any documents in 09:19:23 17 connection with that topic? 09:19:24 18 A. We reviewed documents, but I 09:19:24 19 don't know specifically if they were -- what 09:19:27 20 they were pertaining to. 09:19:28 21 Q. Did you have any conversations 09:19:29 22 other than with your counsel regarding that 09:19:30 23 topic? 09:19:32 24 A. I did. 09:19:32 25 Q. And who were those 09:19:34</p>	<p>1 donations or payments concerning opioids or 09:20:40 2 opioids products to, A, lobbyist; B, persons 09:20:43 3 or entities named in the complaint; or C, 09:20:47 4 persons you disseminated information about 09:20:51 5 prescription opioids to prescribers or the 09:20:53 6 public on your behalf and the identity of all 09:20:56 7 persons responsible for such donations or 09:20:59 8 payments." 09:21:01 9 Q. And do you have personal 09:21:02 10 knowledge of that topic? 09:21:03 11 A. Yes. 09:21:04 12 Q. Okay. What did you do to 09:21:05 13 prepare for that topic? 09:21:06 14 A. Met with counsel. 09:21:08 15 Q. Do you recall reviewing any 09:21:09 16 documents in connection with this topic? 09:21:18 17 A. Yes, I review -- we did review 09:21:20 18 documents pertaining to this. 09:21:21 19 Q. And are those documents the 09:21:24 20 basis of your testimony? 09:21:26 21 A. They would be an element of it. 09:21:27 22 Q. Okay. Do you recall the 09:21:31 23 general nature of the documents you reviewed? 09:21:36 24 A. I remember one document in 09:21:38 25 particular. It was -- yes. 09:21:40</p>
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<p>1 conversations with? 09:19:35 2 A. For this particular aspect, I 09:19:36 3 had a phone call with -- who was then at the 09:19:40 4 time our head of our market research, 09:19:45 5 Ms. Tammy Fraley. 09:19:46 6 Q. And what do you recall about 09:19:52 7 that conversation? 09:19:57 8 A. We discussed the mechanics and 09:19:57 9 the processes of market research. 09:20:01 10 Q. Did she provide you with any 09:20:05 11 documents to review? 09:20:07 12 A. No. 09:20:09 13 Q. Did she identify any documents 09:20:09 14 for you? 09:20:11 15 A. No. 09:20:11 16 Q. Do you have any personal 09:20:11 17 knowledge of this topic? 09:20:13 18 A. Yes. 09:20:14 19 Q. And is that from your 09:20:15 20 professional -- your professional 09:20:17 21 responsibilities at Mallinckrodt? 09:20:19 22 A. Yes. 09:20:20 23 Q. And could you please read 09:20:21 24 Topic 24? 09:20:34 25 A. 24, "All direct or indirect 09:20:34</p>	<p>1 Q. Okay. And what was that 09:21:43 2 document? 09:21:45 3 A. It was a financial -- 09:21:45 4 MR. O'CONNOR: Objection. I'm 09:21:47 5 going to instruct him not to answer if 09:21:49 6 it's a document provided by counsel, 09:21:52 7 work product privilege. 09:21:54 8 MR. KAWAMOTO: Okay. 09:21:56 9 QUESTIONS BY MR. KAWAMOTO: 09:21:58 10 Q. Okay. Can you describe the 09:21:58 11 nature of the document? Was it an e-mail? 09:22:04 12 Was it a PowerPoint? Was it a spreadsheet? 09:22:06 13 MR. O'CONNOR: Same objection. 09:22:10 14 I'm going to direct him not to answer. 09:22:12 15 QUESTIONS BY MR. KAWAMOTO: 09:22:15 16 Q. Other than that one document, 09:22:24 17 do you recall reviewing any other documents? 09:22:25 18 A. No. 09:22:27 19 Q. Can you -- well, I'll try to 09:22:27 20 truncate this. 09:22:38 21 For Topic 25, can you read that 09:22:39 22 to yourself? 09:22:42 23 A. To myself or read it out loud? 09:22:42 24 Q. Just read it to yourself -- 09:22:44 25 A. Okay. Thank you. 09:22:44</p>

<p style="text-align: right;">Page 26</p> <p>1 Q. -- and let me know when you're 09:22:45</p> <p>2 done. 09:22:46</p> <p>3 A. Okay. Thank you. 09:22:47</p> <p>4 Q. Are you prepared to testify on 09:23:09</p> <p>5 Topic 25? 09:23:11</p> <p>6 A. Yes. 09:23:11</p> <p>7 Q. And what did you do to prepare 09:23:12</p> <p>8 to testify on that topic? 09:23:13</p> <p>9 A. Met with counsel. 09:23:14</p> <p>10 Q. Do you have any personal 09:23:15</p> <p>11 knowledge of Topic 25? 09:23:16</p> <p>12 A. Yes. 09:23:17</p> <p>13 Q. And what is that personal 09:23:19</p> <p>14 knowledge? 09:23:27</p> <p>15 Well, strike that. Let me 09:23:33</p> <p>16 rephrase it. 09:23:34</p> <p>17 I take it your personal 09:23:35</p> <p>18 knowledge is from your professional 09:23:36</p> <p>19 responsibilities at Mallinckrodt? 09:23:38</p> <p>20 A. Correct. 09:23:39</p> <p>21 Q. Can you read Topic 26 to 09:23:39</p> <p>22 yourself? 09:23:48</p> <p>23 Well, I'm sorry, actually, let 09:23:48</p> <p>24 me -- do you recall reviewing any documents 09:23:50</p> <p>25 in connection with Topic 25? 09:23:52</p>	<p style="text-align: right;">Page 28</p> <p>1 department? 09:24:51</p> <p>2 A. 2000 and -- 2013. 09:24:51</p> <p>3 Q. And how far back did those 09:24:58</p> <p>4 conversations go in terms of -- well, strike 09:25:04</p> <p>5 that. 09:25:08</p> <p>6 Do you recall the time frame 09:25:08</p> <p>7 that you discussed in terms of the lobbying 09:25:13</p> <p>8 efforts with Mr. Naten and Mr. Tyndall? 09:25:15</p> <p>9 A. Yes. 09:25:17</p> <p>10 Q. What was that time frame? 09:25:18</p> <p>11 A. Roughly beginning 2011, '12 09:25:19</p> <p>12 time frame. 09:25:23</p> <p>13 Q. Did you do anything to prepare 09:25:25</p> <p>14 yourself -- did you do anything to prepare to 09:25:33</p> <p>15 testify regarding this topic for the time 09:25:35</p> <p>16 period prior to 2011? 09:25:38</p> <p>17 A. Other than meeting with 09:25:40</p> <p>18 counsel, no. 09:25:42</p> <p>19 Q. And if I could go back to 09:25:43</p> <p>20 Topic 24, other than counsel, did you have 09:25:56</p> <p>21 any conversations with anyone regarding this 09:25:58</p> <p>22 topic? 09:26:00</p> <p>23 A. The -- not -- not for 24. The 09:26:00</p> <p>24 only question we had with lobbying was on 09:26:18</p> <p>25 Topic 25. 09:26:21</p>
<p style="text-align: right;">Page 27</p> <p>1 A. No. 09:23:54</p> <p>2 Q. Okay. Can you review -- did 09:23:57</p> <p>3 you speak to anyone other than counsel about 09:24:01</p> <p>4 Topic 25? 09:24:03</p> <p>5 A. Yes. 09:24:04</p> <p>6 Q. Who did you speak to? 09:24:04</p> <p>7 A. I spoke, through a conference 09:24:06</p> <p>8 call, with my colleague, Derek Naten, in our 09:24:09</p> <p>9 government affairs team. 09:24:13</p> <p>10 Q. And when you say your 09:24:16</p> <p>11 "government affairs team," who is on that 09:24:18</p> <p>12 team? 09:24:21</p> <p>13 A. That would be myself, that 09:24:21</p> <p>14 would be Derek and his manager or boss, Mark 09:24:22</p> <p>15 Tyndall. 09:24:32</p> <p>16 Q. And what do you recall about 09:24:32</p> <p>17 that conversation? 09:24:34</p> <p>18 MR. O'CONNOR: You can go 09:24:39</p> <p>19 ahead. 09:24:40</p> <p>20 THE WITNESS: It was the nature 09:24:40</p> <p>21 of understanding what lobbying efforts 09:24:41</p> <p>22 may have taken place prior to me 09:24:45</p> <p>23 joining the department. 09:24:47</p> <p>24 QUESTIONS BY MR. KAWAMOTO: 09:24:47</p> <p>25 Q. And when did you join the 09:24:49</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. And you indicated that, I 09:26:22</p> <p>2 guess, you had a question regarding lobbying. 09:26:29</p> <p>3 What was that question? 09:26:30</p> <p>4 A. I was asking Derek if he 09:26:32</p> <p>5 knew -- 09:26:35</p> <p>6 MR. O'CONNOR: Objection. 09:26:35</p> <p>7 You can go ahead. 09:26:37</p> <p>8 THE WITNESS: I was asking 09:26:37</p> <p>9 Derek if he knew of any lobbying 09:26:39</p> <p>10 effort that Mallinckrodt may have 09:26:41</p> <p>11 engaged in prior to me joining the 09:26:42</p> <p>12 department in 2013. 09:26:45</p> <p>13 QUESTIONS BY MR. KAWAMOTO: 09:26:47</p> <p>14 Q. Okay. Can you review Topic 26? 09:26:48</p> <p>15 A. Review or read? 09:26:52</p> <p>16 Q. Read, to yourself. 09:26:55</p> <p>17 A. To myself, all right. Thank 09:26:58</p> <p>18 you. 09:27:00</p> <p>19 Okay. 09:27:44</p> <p>20 Q. Are you prepared to testify on 09:27:45</p> <p>21 Topic 26? 09:27:47</p> <p>22 A. Yes. 09:27:47</p> <p>23 Q. What did you do to prepare for 09:27:48</p> <p>24 that topic? 09:27:50</p> <p>25 A. Met with counsel. 09:27:50</p>

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<p>1 Q. Do you have any personal 09:27:51</p> <p>2 knowledge of that topic? 09:27:52</p> <p>3 A. Yes. 09:27:53</p> <p>4 Q. Other than counsel, did you 09:27:54</p> <p>5 have any conversations regarding this topic? 09:28:00</p> <p>6 A. No. 09:28:02</p> <p>7 Q. Do you recall reviewing any 09:28:02</p> <p>8 documents in connection with this topic? 09:28:06</p> <p>9 MR. O'CONNOR: You -- 09:28:09</p> <p>10 THE WITNESS: We reviewed 09:28:13</p> <p>11 documents, but I can't recall the 09:28:14</p> <p>12 nature of those documents. 09:28:15</p> <p>13 QUESTIONS BY MR. KAWAMOTO: 09:28:16</p> <p>14 Q. Did you review more than one 09:28:22</p> <p>15 document? 09:28:23</p> <p>16 A. Yes, at the time, but I do not 09:28:24</p> <p>17 know which documents those were or how many 09:28:27</p> <p>18 documents they were. 09:28:30</p> <p>19 Q. Okay. Can you read Topic 30 to 09:28:31</p> <p>20 yourself? 09:28:38</p> <p>21 A. Okay. 09:28:39</p> <p>22 Q. Are you prepared to testify on 09:29:15</p> <p>23 this topic? 09:29:16</p> <p>24 A. Yes. 09:29:17</p> <p>25 Q. What did you do to prepare to 09:29:18</p>	<p>1 A. No. 09:30:34</p> <p>2 Q. Do you recall reviewing any 09:30:35</p> <p>3 documents related to this topic? 09:30:36</p> <p>4 A. No. 09:30:38</p> <p>5 Q. Can you review topic -- or can 09:30:40</p> <p>6 you read Topic 33 to yourself? 09:30:47</p> <p>7 A. Okay. 09:30:49</p> <p>8 Q. Are you prepared to testify on 09:31:03</p> <p>9 this topic? 09:31:04</p> <p>10 A. Yes. 09:31:05</p> <p>11 Q. What did you do to prepare? 09:31:05</p> <p>12 A. Reviewed, met with counsel. 09:31:07</p> <p>13 Q. And when you say "reviewed," 09:31:09</p> <p>14 what do you mean by that? 09:31:12</p> <p>15 A. Met with counsel. 09:31:12</p> <p>16 Q. Okay. Other than counsel, did 09:31:13</p> <p>17 you talk to anyone else about this topic? 09:31:17</p> <p>18 A. No. 09:31:19</p> <p>19 Q. Do you recall reviewing any 09:31:19</p> <p>20 documents related to this topic? 09:31:21</p> <p>21 MR. O'CONNOR: Do you recall 09:31:25</p> <p>22 any? 09:31:26</p> <p>23 THE WITNESS: Yes. 09:31:26</p> <p>24 QUESTIONS BY MR. KAWAMOTO: 09:31:27</p> <p>25 Q. Okay. Can you generally 09:31:28</p>
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<p>1 testify? 09:29:19</p> <p>2 A. Met with counsel. 09:29:20</p> <p>3 Q. Do you have any personal 09:29:22</p> <p>4 knowledge of this topic? 09:29:23</p> <p>5 A. Yes. 09:29:24</p> <p>6 Q. Other than counsel, did you 09:29:24</p> <p>7 have conversations with anyone else relating 09:29:34</p> <p>8 to this topic? 09:29:35</p> <p>9 A. No. 09:29:36</p> <p>10 Q. Do you recall reviewing any 09:29:36</p> <p>11 documents relating to this topic? 09:29:37</p> <p>12 A. No. 09:29:39</p> <p>13 Q. Can you read Topic 32 to 09:29:39</p> <p>14 yourself? 09:29:54</p> <p>15 A. Okay. 09:29:54</p> <p>16 Q. What did you do to prepare for 09:30:19</p> <p>17 this topic? 09:30:20</p> <p>18 A. Met with counsel. 09:30:21</p> <p>19 Q. Do you have any personal 09:30:22</p> <p>20 knowledge of this topic? 09:30:24</p> <p>21 A. Yes. 09:30:25</p> <p>22 Q. Other than counsel, did you 09:30:25</p> <p>23 speak with anyone else -- 09:30:32</p> <p>24 A. No. 09:30:33</p> <p>25 Q. -- regarding this topic? 09:30:33</p>	<p>1 describe those -- those documents? 09:31:29</p> <p>2 MR. O'CONNOR: Objection. 09:31:31</p> <p>3 Instruct not to answer to the extent 09:31:32</p> <p>4 that the documents were provided by 09:31:35</p> <p>5 counsel on work product privilege. 09:31:38</p> <p>6 QUESTIONS BY MR. KAWAMOTO: 09:31:42</p> <p>7 Q. Were there any documents that 09:31:42</p> <p>8 you recall reviewing that were not provided 09:31:44</p> <p>9 by counsel? 09:31:45</p> <p>10 A. No. 09:31:45</p> <p>11 Q. Do you recall how many 09:31:46</p> <p>12 documents you reviewed? 09:31:49</p> <p>13 MR. O'CONNOR: You can answer 09:31:54</p> <p>14 that. 09:31:54</p> <p>15 THE WITNESS: One. 09:31:55</p> <p>16 QUESTIONS BY MR. KAWAMOTO: 09:31:56</p> <p>17 Q. Can you review Topic 34? 09:31:59</p> <p>18 A. Okay. 09:32:02</p> <p>19 Q. Are you prepared to testify on 09:32:42</p> <p>20 this topic? 09:32:44</p> <p>21 A. Yes. 09:32:45</p> <p>22 Q. What did you do to prepare for 09:32:45</p> <p>23 this topic? 09:32:46</p> <p>24 A. Met with counsel. 09:32:47</p> <p>25 Q. Do you have any personal 09:32:48</p>

<p style="text-align: right;">Page 34</p> <p>1 knowledge of this topic? 09:32:49</p> <p>2 A. Yes. 09:32:50</p> <p>3 Q. Do you recall reviewing any 09:32:51</p> <p>4 documents in connection with this topic? 09:32:53</p> <p>5 MR. O'CONNOR: You can answer 09:32:57</p> <p>6 that. 09:32:58</p> <p>7 THE WITNESS: Yes. 09:32:58</p> <p>8 QUESTIONS BY MR. KAWAMOTO: 09:32:59</p> <p>9 Q. Do you recall how many 09:33:00</p> <p>10 documents? 09:33:01</p> <p>11 MR. O'CONNOR: All right. I'm 09:33:02</p> <p>12 going to instruct not to answer to the 09:33:02</p> <p>13 extent that the documents were 09:33:04</p> <p>14 provided by counsel. 09:33:05</p> <p>15 MR. KAWAMOTO: And is your 09:33:08</p> <p>16 objection as to the question of how 09:33:09</p> <p>17 many, does it cover that? 09:33:12</p> <p>18 MR. O'CONNOR: I'll let him 09:33:13</p> <p>19 answer for how many and then I'll 09:33:15</p> <p>20 listen for the next question. 09:33:16</p> <p>21 Go ahead. 09:33:17</p> <p>22 Do you recall how many 09:33:17</p> <p>23 documents? 09:33:19</p> <p>24 THE WITNESS: One. 09:33:21</p> <p>25</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. Do you recall reviewing any 09:34:22</p> <p>2 documents relating to this topic? 09:34:24</p> <p>3 A. No. 09:34:26</p> <p>4 Q. Okay. Thank you. You can put 09:34:26</p> <p>5 that exhibit aside. 09:34:42</p> <p>6 A. Thank you. 09:34:43</p> <p>7 Q. So I would like to start with 09:34:44</p> <p>8 Topics Number 26 and Topic Number 30. And if 09:34:58</p> <p>9 you need to -- yeah, if you need to review 09:35:03</p> <p>10 Exhibit 1, please feel free to do so. 09:35:08</p> <p>11 A. I'm sorry, Topic 26 -- 09:35:14</p> <p>12 Q. Topic 26 and Topic Number 30. 09:35:16</p> <p>13 A. Okay. 09:35:21</p> <p>14 Q. Okay. Now, when Mallinckrodt 09:35:23</p> <p>15 developed marketing and advertising 09:35:44</p> <p>16 materials, this was on a national basis, was 09:35:47</p> <p>17 it not? 09:35:49</p> <p>18 MR. O'CONNOR: Objection. 09:35:50</p> <p>19 You can answer. 09:35:51</p> <p>20 THE WITNESS: Yes. 09:35:52</p> <p>21 QUESTIONS BY MR. KAWAMOTO: 09:35:52</p> <p>22 Q. Okay. So Mallinckrodt would 09:35:53</p> <p>23 not have developed special ads for a specific 09:35:57</p> <p>24 state? 09:36:00</p> <p>25 For example, they would not 09:36:01</p>
<p style="text-align: right;">Page 35</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 09:33:22</p> <p>2 Q. And for the sake of the record, 09:33:23</p> <p>3 can you generally describe that document? 09:33:24</p> <p>4 MR. O'CONNOR: Objection. 09:33:26</p> <p>5 Objection. I instruct not to answer 09:33:27</p> <p>6 on work product. 09:33:30</p> <p>7 QUESTIONS BY MR. KAWAMOTO: 09:33:31</p> <p>8 Q. Can you read Topic 36 to 09:33:38</p> <p>9 yourself? 09:33:41</p> <p>10 A. Okay. 09:33:41</p> <p>11 Q. I'm sorry, going back to 09:33:56</p> <p>12 Topic 34 very quickly, did you have any 09:33:57</p> <p>13 conversations with anyone else other than 09:33:59</p> <p>14 your counsel regarding this topic? 09:34:00</p> <p>15 A. No. 09:34:02</p> <p>16 Q. Then for Topic 36, what did you 09:34:04</p> <p>17 do to prepare for this topic? 09:34:08</p> <p>18 A. Met with counsel. 09:34:10</p> <p>19 Q. Okay. Do you have any personal 09:34:11</p> <p>20 knowledge of this topic? 09:34:14</p> <p>21 A. Yes. 09:34:15</p> <p>22 Q. Did you have any conversations 09:34:15</p> <p>23 with anyone other than counsel regarding this 09:34:20</p> <p>24 topic? 09:34:22</p> <p>25 A. No. 09:34:22</p>	<p style="text-align: right;">Page 37</p> <p>1 have developed Ohio-specific advertising, 09:36:02</p> <p>2 would they have? 09:36:04</p> <p>3 MR. O'CONNOR: Objection to the 09:36:04</p> <p>4 form. 09:36:05</p> <p>5 You can answer. 09:36:09</p> <p>6 THE WITNESS: Correct, we would 09:36:09</p> <p>7 not. 09:36:10</p> <p>8 QUESTIONS BY MR. KAWAMOTO: 09:36:10</p> <p>9 Q. Okay. And how did Mallinckrodt 09:36:11</p> <p>10 make decisions regarding how to distribute 09:36:20</p> <p>11 the advertisements and the marketing 09:36:22</p> <p>12 materials that it developed? 09:36:24</p> <p>13 MR. O'CONNOR: Objection. 09:36:25</p> <p>14 THE WITNESS: We would -- the 09:36:26</p> <p>15 material would have been distributed 09:36:29</p> <p>16 through our sales force. 09:36:31</p> <p>17 QUESTIONS BY MR. KAWAMOTO: 09:36:32</p> <p>18 Q. And how would the sales force 09:36:35</p> <p>19 go about distributing that material? 09:36:36</p> <p>20 MR. O'CONNOR: Objection. 09:36:39</p> <p>21 THE WITNESS: They would be 09:36:40</p> <p>22 provided to them by the company. 09:36:41</p> <p>23 QUESTIONS BY MR. KAWAMOTO: 09:36:42</p> <p>24 Q. Okay. Would you use print 09:36:42</p> <p>25 advertising? 09:36:46</p>

<p style="text-align: right;">Page 38</p> <p>1 MR. O'CONNOR: Would you ask 09:36:49</p> <p>2 the question again, I'm sorry? 09:36:50</p> <p>3 QUESTIONS BY MR. KAWAMOTO: 09:36:52</p> <p>4 Q. Fair enough, let me rephrase 09:36:53</p> <p>5 that. 09:36:54</p> <p>6 Did you ever run advertisements 09:36:54</p> <p>7 in newspapers? 09:36:55</p> <p>8 A. Can you define "newspapers"? 09:36:56</p> <p>9 Q. Any print medium that gets 09:37:05</p> <p>10 distributed to the general public or a 09:37:07</p> <p>11 segment of the general public? 09:37:10</p> <p>12 A. General public, no. 09:37:11</p> <p>13 Q. Okay. What about any materials 09:37:12</p> <p>14 that were distributed to potential patients? 09:37:19</p> <p>15 MR. O'CONNOR: Objection. 09:37:23</p> <p>16 THE WITNESS: No. 09:37:24</p> <p>17 QUESTIONS BY MR. KAWAMOTO: 09:37:24</p> <p>18 Q. Did you ever run any ads in 09:37:34</p> <p>19 magazines? 09:37:35</p> <p>20 A. Can you define "magazines," 09:37:35</p> <p>21 though? Which type of magazines? 09:37:39</p> <p>22 Q. Well, let's start with 09:37:42</p> <p>23 magazines that the general public would read. 09:37:44</p> <p>24 A. I'm not aware of any ads. 09:37:50</p> <p>25 Generally we would not run what we would 09:37:53</p>	<p style="text-align: right;">Page 40</p> <p>1 Q. And how did it do so? 09:39:01</p> <p>2 A. They -- we would provide, as I 09:39:05</p> <p>3 mentioned, journal ads, we would provide our 09:39:14</p> <p>4 sales force approved sales aids, and we would 09:39:16</p> <p>5 participate in trade shows for health care 09:39:27</p> <p>6 providers. 09:39:33</p> <p>7 Q. So I have journal ads, I have 09:39:34</p> <p>8 materials distributed by your sales force, 09:39:38</p> <p>9 and I have trade shows. 09:39:41</p> <p>10 Are there any other categories? 09:39:42</p> <p>11 A. We would do education seminars 09:39:43</p> <p>12 with our physicians. 09:39:54</p> <p>13 Q. And when you say "with your 09:39:57</p> <p>14 physicians," what do you mean by that? 09:40:00</p> <p>15 A. With physicians to the medical 09:40:02</p> <p>16 community. 09:40:04</p> <p>17 Q. And when you say "education 09:40:04</p> <p>18 seminars," are you referring to CE, 09:40:12</p> <p>19 continuing education? 09:40:14</p> <p>20 A. No, we would -- well, through 09:40:15</p> <p>21 marketing -- I just wanted to clarify, 09:40:19</p> <p>22 though, marketing would not participate in CE 09:40:21</p> <p>23 programs, continuing education programs. I 09:40:24</p> <p>24 cannot speak to what medical affairs was 09:40:27</p> <p>25 doing. 09:40:28</p>
<p style="text-align: right;">Page 39</p> <p>1 consider direct-to-consumer advertising, no. 09:37:56</p> <p>2 Q. Would you run advertisements in 09:37:58</p> <p>3 medical journals? 09:38:01</p> <p>4 A. Yes. 09:38:02</p> <p>5 Q. So with respect to -- and I 09:38:02</p> <p>6 want to cabin this to Mallinckrodt's opioid 09:38:07</p> <p>7 products, both branded and generic, with 09:38:09</p> <p>8 respect to direct-to-consumer advertising, 09:38:13</p> <p>9 did Mallinckrodt engage in any 09:38:16</p> <p>10 direct-to-consumer advertising for its opioid 09:38:19</p> <p>11 products? 09:38:20</p> <p>12 A. No. 09:38:21</p> <p>13 Q. And your basis for that 09:38:21</p> <p>14 response is -- well, strike that. 09:38:32</p> <p>15 What is your basis for saying 09:38:36</p> <p>16 that Mallinckrodt did not do any 09:38:38</p> <p>17 direct-to-consumer advertising? 09:38:40</p> <p>18 Do you have -- is that your 09:38:42</p> <p>19 personal knowledge? 09:38:43</p> <p>20 A. That is both my personal and my 09:38:44</p> <p>21 understanding of our -- of our advertising -- 09:38:47</p> <p>22 of our marketing campaigns. 09:38:49</p> <p>23 Q. Did Mallinckrodt market to 09:38:51</p> <p>24 health care professionals? 09:38:59</p> <p>25 A. Yes. 09:39:00</p>	<p style="text-align: right;">Page 41</p> <p>1 Q. But marketing would participate 09:40:29</p> <p>2 in the education seminars that you just 09:40:32</p> <p>3 mentioned? 09:40:34</p> <p>4 A. On-label education programs, 09:40:34</p> <p>5 yes. 09:40:36</p> <p>6 Q. And all four of these channels 09:40:36</p> <p>7 would have been deployed pursuant to a 09:40:45</p> <p>8 national strategy or a national campaign; is 09:40:49</p> <p>9 that fair? 09:40:51</p> <p>10 A. Correct. 09:40:51</p> <p>11 Q. And so these -- these national 09:40:52</p> <p>12 strategies or national campaigns would have 09:40:56</p> <p>13 included Ohio, would it not? 09:40:58</p> <p>14 A. Yes. 09:40:59</p> <p>15 (Mallinckrodt-Webb Exhibit 2 09:41:12</p> <p>16 marked for identification.) 09:41:13</p> <p>17 QUESTIONS BY MR. KAWAMOTO: 09:41:13</p> <p>18 Q. Okay. So I would like to mark 09:41:32</p> <p>19 this as Exhibit 2. 09:41:33</p> <p>20 So, Mr. Webb, I've handed you 09:41:57</p> <p>21 an e-mail that also had an attachment to it. 09:41:58</p> <p>22 The attachment is stapled to the back of the 09:42:02</p> <p>23 e-mail. 09:42:04</p> <p>24 The e-mail is Bates 09:42:05</p> <p>25 number 2159712, and the attachment is 09:42:08</p>

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1 2159713. 09:42:11
2 Could you please review that 09:42:15
3 for me? 09:42:16
4 A. Okay. 09:42:16
5 Q. Now, the attachment is a pain 09:42:44
6 management pocket card set. 09:42:49
7 Are you familiar with the pain 09:42:51
8 management pocket card set? 09:42:53
9 A. I am not. 09:42:55
10 Q. Do you know what is -- what -- 09:42:56
11 well, strike that. 09:43:00
12 What is the purpose of this 09:43:01
13 pocket card set? 09:43:06
14 MR. O'CONNOR: Objection. 09:43:07
15 THE WITNESS: I would have -- I 09:43:12
16 have never seen this piece before in 09:43:15
17 my life, so I would have to review it. 09:43:16
18 QUESTIONS BY MR. KAWAMOTO: 09:43:18
19 Q. Okay. Well, let me ask this: 09:43:19
20 Why was -- why was this pocket card set 09:43:24
21 created? 09:43:27
22 MR. O'CONNOR: Objection. 09:43:27
23 THE WITNESS: I don't know. I 09:43:28
24 mean, I have not seen this piece, and 09:43:32
25 I don't know to what purpose it 09:43:34

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1 serves. 09:43:36
2 QUESTIONS BY MR. KAWAMOTO: 09:43:36
3 Q. Now, the e-mail indicates that 09:43:43
4 the pocket cards were for the national 09:43:44
5 account managers. 09:43:48
6 Do you see that, sir? 09:43:48
7 A. Yes. 09:43:49
8 Q. Okay. And the e-mail indicates 09:43:49
9 that they were to be handed out at trade 09:43:52
10 shows and distributed to customers. 09:43:55
11 Do you know what the reference 09:43:57
12 to "customers" means? 09:43:59
13 MR. O'CONNOR: Objection. 09:44:00
14 THE WITNESS: The -- my 09:44:01
15 understanding of the national account 09:44:06
16 managers, the NAMs, the customers are 09:44:08
17 the wholesalers and distributors. 09:44:11
18 QUESTIONS BY MR. KAWAMOTO: 09:44:13
19 Q. Okay. And I guess they would 09:44:27
20 be handed out at trade shows. 09:44:29
21 So if trade shows were -- if a 09:44:32
22 trade show were to occur in Ohio, presumably 09:44:33
23 this material would have been handed out 09:44:35
24 there? 09:44:37
25 MR. O'CONNOR: Objection. 09:44:37

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1 THE WITNESS: We -- we -- 09:44:38
2 Mallinckrodt would have made the same 09:44:41
3 material available to the trade shows 09:44:42
4 regardless of where it was held. 09:44:45
5 QUESTIONS BY MR. KAWAMOTO: 09:44:46
6 Q. Okay. Now, do you know if this 09:44:46
7 pain management pocket card set was -- was 09:45:04
8 distributed, was actually distributed? 09:45:07
9 A. I would not know that. 09:45:08
10 Q. Okay. Do you have any basis to 09:45:09
11 believe that it was not distributed at trade 09:45:13
12 shows? 09:45:15
13 A. I do not. 09:45:15
14 Q. Okay. And you would consider 09:45:16
15 this pain management pocket card set to be 09:45:31
16 marketing material, would you not? 09:45:33
17 MR. O'CONNOR: Objection. 09:45:35
18 THE WITNESS: I would -- 09:45:35
19 without having to review the piece, I 09:45:48
20 wouldn't -- I wouldn't know if this 09:45:52
21 falls under patient education or 09:45:52
22 marketing material. 09:45:55
23 QUESTIONS BY MR. KAWAMOTO: 09:45:56
24 Q. But it was designed to be 09:45:59
25 distributed outside of Mallinckrodt to inform 09:46:00

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1 people regarding opioid products; is that 09:46:05
2 fair? 09:46:08
3 MR. O'CONNOR: Objection. 09:46:08
4 THE WITNESS: I can't speculate 09:46:09
5 what it was informing them of opioid 09:46:11
6 products. 09:46:15
7 QUESTIONS BY MR. KAWAMOTO: 09:46:16
8 Q. Well, the national account 09:46:18
9 managers were involved with the sale of both 09:46:20
10 opioid -- I'm sorry, strike that. 09:46:24
11 The national account managers 09:46:25
12 were involved with the sale of both branded 09:46:26
13 and generic opioid products, were they not? 09:46:28
14 A. This -- this group, this was 09:46:34
15 a -- for our generics team, and that was 09:46:40
16 generic opioids only. 09:46:42
17 Q. Okay. So these marketing -- 09:46:43
18 well, these materials presumably relate to 09:46:48
19 generic opioids then, based on this e-mail? 09:46:50
20 A. I would have -- 09:46:53
21 MR. O'CONNOR: Objection. 09:46:53
22 THE WITNESS: Sorry. 09:46:54
23 I would have to review the 09:46:55
24 piece to specify whether it was brands 09:46:56
25 or generics. 09:46:58

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<p>1 QUESTIONS BY MR. KAWAMOTO: 09:46:59</p> <p>2 Q. Okay. Well, could you review 09:46:59</p> <p>3 the first page then? 09:47:01</p> <p>4 A. Okay. 09:47:03</p> <p>5 Q. So does this material relate to 09:47:48</p> <p>6 branded or generic products? 09:47:50</p> <p>7 A. Well, since it would relate to 09:47:52</p> <p>8 opioids in general, a general class of 09:47:59</p> <p>9 opioids. 09:48:03</p> <p>10 Q. Okay. So that would -- and 09:48:03</p> <p>11 that would include both branded and generic 09:48:04</p> <p>12 products for Mallinckrodt, that class of 09:48:07</p> <p>13 opioids? 09:48:10</p> <p>14 MR. O'CONNOR: Objection. 09:48:10</p> <p>15 THE WITNESS: Well, since 09:48:11</p> <p>16 there's no branding on it and it was 09:48:11</p> <p>17 not used by a brand national account 09:48:15</p> <p>18 manager, my personal opinion is it 09:48:18</p> <p>19 pertains only to generic opioids. 09:48:21</p> <p>20 QUESTIONS BY MR. KAWAMOTO: 09:48:23</p> <p>21 Q. Okay. And who was the target 09:48:24</p> <p>22 audience for this information? 09:48:28</p> <p>23 A. You would have to ask the 09:48:30</p> <p>24 person who put this together. I don't know. 09:48:31</p> <p>25 Q. Was one of the purposes of this 09:48:33</p>	<p>1 QUESTIONS BY MR. KAWAMOTO: 09:49:18</p> <p>2 Q. Well, the sales of 09:49:18</p> <p>3 Mallinckrodt's products that they were in 09:49:20</p> <p>4 charge of distributing. 09:49:21</p> <p>5 MR. O'CONNOR: Objection. 09:49:24</p> <p>6 THE WITNESS: My understanding 09:49:24</p> <p>7 of the national account -- the 09:49:26</p> <p>8 wholesalers is that they did not 09:49:28</p> <p>9 specifically identify any one 09:49:30</p> <p>10 particular manufacturer's products. 09:49:32</p> <p>11 They had -- they had a basket of 09:49:36</p> <p>12 products that they would make 09:49:39</p> <p>13 available to their customers and -- 09:49:41</p> <p>14 but to my knowledge, they were not in 09:49:44</p> <p>15 a position advocating one product over 09:49:46</p> <p>16 another. 09:49:49</p> <p>17 QUESTIONS BY MR. KAWAMOTO: 09:49:49</p> <p>18 Q. Well, so why is Mallinckrodt 09:49:49</p> <p>19 providing this information to wholesalers and 09:49:50</p> <p>20 distributors? 09:49:52</p> <p>21 MR. O'CONNOR: Objection. 09:49:53</p> <p>22 THE WITNESS: You would have to 09:49:53</p> <p>23 ask the person who put this together. 09:50:00</p> <p>24 QUESTIONS BY MR. KAWAMOTO: 09:50:03</p> <p>25 Q. Who reviewed the information in 09:50:04</p>
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<p>1 material to educate doctors? 09:48:42</p> <p>2 MR. O'CONNOR: Objection. 09:48:43</p> <p>3 THE WITNESS: The national 09:48:44</p> <p>4 account managers did not call on 09:48:46</p> <p>5 physicians. They only called on -- 09:48:48</p> <p>6 their customers were wholesalers and 09:48:50</p> <p>7 distributors. 09:48:52</p> <p>8 QUESTIONS BY MR. KAWAMOTO: 09:48:52</p> <p>9 Q. But wholesalers and 09:48:53</p> <p>10 distributors could have provided this 09:48:54</p> <p>11 information to their customers, which would 09:48:56</p> <p>12 have included doctors and pharmacists? 09:48:59</p> <p>13 MR. O'CONNOR: Objection. 09:49:01</p> <p>14 THE WITNESS: I do not know how 09:49:02</p> <p>15 the wholesalers or distributors would 09:49:04</p> <p>16 use this piece. 09:49:07</p> <p>17 QUESTIONS BY MR. KAWAMOTO: 09:49:08</p> <p>18 Q. But presumably wholesalers and 09:49:08</p> <p>19 distributors would use this information to 09:49:10</p> <p>20 encourage sales of their products, would they 09:49:12</p> <p>21 not? 09:49:14</p> <p>22 MR. O'CONNOR: Objection. 09:49:14</p> <p>23 THE WITNESS: The sales of 09:49:15</p> <p>24 their products? 09:49:17</p> <p>25</p>	<p>1 this -- in this -- in these -- in these 09:50:06</p> <p>2 cards? 09:50:08</p> <p>3 A. The -- well, this would have 09:50:08</p> <p>4 been reviewed and approved by our -- what we 09:50:13</p> <p>5 call our medical/legal review board. 09:50:16</p> <p>6 Q. So what steps, if any, were 09:50:24</p> <p>7 taken to ensure this information was 09:50:26</p> <p>8 accurate? 09:50:29</p> <p>9 A. Well, each representative for 09:50:29</p> <p>10 that -- that review board or review 09:50:30</p> <p>11 committee, who is comprised of a physician, 09:50:33</p> <p>12 an attorney and someone from our regulatory 09:50:36</p> <p>13 compliance team, would review it for medical 09:50:41</p> <p>14 accuracy, legal accuracy and general FDA 09:50:43</p> <p>15 compliance. 09:50:45</p> <p>16 Q. And Mallinckrodt would agree 09:50:46</p> <p>17 that's very important that the information in 09:50:48</p> <p>18 this pocket card set be accurate, would it 09:50:50</p> <p>19 not? 09:50:54</p> <p>20 MR. O'CONNOR: Objection. 09:50:54</p> <p>21 THE WITNESS: Accurate to -- 09:50:54</p> <p>22 yes, it would be accurate. 09:50:57</p> <p>23 (Mallinckrodt-Webb Exhibit 3 09:51:24</p> <p>24 marked for identification.) 09:51:25</p> <p>25</p>

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1 QUESTIONS BY MR. KAWAMOTO: 09:51:25

2 Q. Okay. I would like to mark 09:51:25

3 this as Exhibit 3. 09:51:37

4 So I've handed you an e-mail 09:51:50

5 and two attachments to that e-mail. The 09:51:52

6 e-mail is Bates numbered 2183036 and the 09:51:58

7 attachments are 2183038 and 2183040. 09:52:02

8 MR. GIORDANO: Counsel, this is 09:52:28

9 Philip Giordano from Arnold & Porter 09:52:30

10 for Par and Endo companies. 09:52:32

11 Could you read the full Bates 09:52:33

12 number into the record just so we're 09:52:35

13 able to follow along on the phone? 09:52:37

14 Because we can't see the exhibit. 09:52:39

15 Thank you. 09:52:40

16 MR. KAWAMOTO: Sure. By full 09:52:41

17 Bates number, I take it you mean 09:52:42

18 MNK-T1_2183036? 09:52:45

19 MR. GIORDANO: That's exactly 09:52:50

20 right. Thank you very much. 09:52:51

21 QUESTIONS BY MR. KAWAMOTO: 09:52:52

22 Q. Okay. So the e-mail is 09:52:52

23 MNK-T1_2183036. 09:52:54

24 The attachment is -- the first 09:52:58

25 attachment is MNK-T1_2183038. 09:52:59

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1 And then the next attachment is 09:53:05

2 MNK-T1_2183040. 09:53:07

3 So this is an e-mail chain 09:53:36

4 involving LouAnn Randall and John Decker. 09:53:40

5 Who is John Decker? 09:53:41

6 A. John Decker was from our 09:53:44

7 medical affairs team. I have to look exactly 09:53:46

8 what his title was, but John was responsible 09:53:51

9 for physician education -- not education 09:53:56

10 material, but just trade journals and -- was 09:54:05

11 publication planning is the correct title. 09:54:08

12 Q. And when you say "trade 09:54:12

13 journals and publication planning," what do 09:54:19

14 you mean by that? 09:54:22

15 A. Looking at what clinical 09:54:23

16 articles are in the journals, the 09:54:26

17 professional journals, understanding, as 09:54:29

18 Mallinckrodt was producing clinical studies, 09:54:34

19 how they would be published and how they 09:54:36

20 would be put into the -- made available to 09:54:39

21 physicians. 09:54:42

22 Q. And the attachment to this 09:54:43

23 e-mail, the e-mail references these as "two 09:54:45

24 pieces that we've done on pain," and one is 09:54:48

25 entitled "The Oxford American pocket cards on 09:54:52

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1 breakthrough pain," and other is "the pain 09:54:56

2 management prospect set" that looks very 09:55:00

3 similar to what we viewed in Exhibit 2. 09:55:01

4 A. Uh-huh. 09:55:04

5 Q. Do you know how these materials 09:55:04

6 would have been distributed? 09:55:06

7 MR. O'CONNOR: Objection. 09:55:08

8 THE WITNESS: Well, since 09:55:09

9 they're -- I mean, these are 09:55:21

10 repurposing of pieces. It was our 09:55:22

11 generics sales team, it was a piece 09:55:28

12 for our generics -- so our generics 09:55:30

13 did not call on physicians. 09:55:33

14 So I can speculate that it 09:55:35

15 would be made available through the 09:55:39

16 trade shows and through trade 09:55:41

17 channels. 09:55:45

18 MR. O'CONNOR: I'll object. 09:55:45

19 Well, I would object to any 09:55:49

20 speculation. 09:55:52

21 QUESTIONS BY MR. KAWAMOTO: 09:55:52

22 Q. So you have no reason to 09:55:55

23 believe that these materials would not have 09:55:56

24 been distributed into Ohio? 09:56:00

25 A. Correct. 09:56:02

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1 MR. O'CONNOR: Objection. 09:56:03

2 THE WITNESS: Oh, I'm sorry. 09:56:05

3 MR. O'CONNOR: That's all 09:56:07

4 right. 09:56:08

5 QUESTIONS BY MR. KAWAMOTO: 09:56:08

6 Q. And then on the back page with 09:56:17

7 Bates number MNK-T1_2183037, I'm referring 09:56:20

8 you to the back page of the e-mail, the very 09:56:24

9 bottom e-mail there's a reference to the 09:56:26

10 continuing education programs. 09:56:29

11 Do you know what materials 09:56:31

12 would have been created for the continuing 09:56:32

13 education programs? 09:56:35

14 MR. O'CONNOR: Objection. 09:56:35

15 THE WITNESS: I'm sorry, you're 09:56:36

16 looking at the e-mail, not the piece. 09:56:40

17 Okay. I'm sorry, can you 09:56:41

18 repeat your question? 09:56:43

19 QUESTIONS BY MR. KAWAMOTO: 09:56:44

20 Q. The e-mail at the very bottom 09:56:44

21 says, "Jessica, would you be involved in the 09:56:46

22 continuing education programs?" 09:56:49

23 So my question is do you know 09:56:50

24 what materials would have been prepared for 09:56:51

25 the continuing education programs? 09:56:52

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<p>1 MR. O'CONNOR: Objection. 09:56:54</p> <p>2 THE WITNESS: Well, continuing 09:56:56</p> <p>3 education programs can vary. I mean, 09:57:00</p> <p>4 it was -- there is no -- it would -- 09:57:01</p> <p>5 there's not a core set of just 09:57:13</p> <p>6 material that's available, standard 09:57:16</p> <p>7 set of material. 09:57:18</p> <p>8 QUESTIONS BY MR. KAWAMOTO: 09:57:19</p> <p>9 Q. And the target audience of the 09:57:20</p> <p>10 continuing education program would have been 09:57:21</p> <p>11 physicians, would it not? 09:57:23</p> <p>12 A. Not necessarily. 09:57:25</p> <p>13 Q. Who would have been the target 09:57:27</p> <p>14 audience for a continuing education -- for 09:57:30</p> <p>15 your continuing education programs? 09:57:32</p> <p>16 A. It would have been any health 09:57:34</p> <p>17 care professional who was required to 09:57:36</p> <p>18 continue, as part of their license, to 09:57:38</p> <p>19 receive continuing education. 09:57:39</p> <p>20 Q. So not only doctors, but 09:57:41</p> <p>21 nurses, pharmacists, others as well? 09:57:43</p> <p>22 A. Correct. 09:57:45</p> <p>23 Q. Okay. Now, you indicated that 09:57:46</p> <p>24 this material was being repurposed, correct? 09:57:49</p> <p>25 A. Correct. 09:57:52</p>	<p>1 these pieces would have been used in the 09:58:47</p> <p>2 context of the continuing education programs? 09:58:48</p> <p>3 A. That would be my understanding. 09:58:50</p> <p>4 (Mallinckrodt-Webb Exhibit 4 09:59:10</p> <p>5 marked for identification.) 09:59:11</p> <p>6 QUESTIONS BY MR. KAWAMOTO: 09:59:11</p> <p>7 Q. Okay. So I believe we're up to 09:59:11</p> <p>8 Exhibit 4. 09:59:22</p> <p>9 So, sir, I've handed you 09:59:34</p> <p>10 Exhibit 4. It's an e-mail with an 09:59:36</p> <p>11 attachment, and the e-mail starts with Bates 09:59:39</p> <p>12 number MNK-T1_1786889 and the attachment 09:59:42</p> <p>13 starts with MNK-T1_1786865. 09:59:48</p> <p>14 A. Okay. 10:02:39</p> <p>15 Q. So this e-mail was actually two 10:02:40</p> <p>16 e-mail chains combined. The first e-mail 10:02:43</p> <p>17 chain is from 2008, and then the second 10:02:46</p> <p>18 e-mail chain is from 2010. 10:02:48</p> <p>19 I would like to focus on the 10:02:50</p> <p>20 e-mail chain from 2010. 10:02:51</p> <p>21 The subject is the 10:02:53</p> <p>22 ASPE-endorsed pain pocket guide and Exalgo 10:02:59</p> <p>23 opportunity. 10:03:02</p> <p>24 Do you know what ASPE is? 10:03:02</p> <p>25 A. That's the American Society of 10:03:04</p>
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<p>1 Q. Okay. By "repurposed," you 09:57:53</p> <p>2 mean that this material or some -- well, 09:57:55</p> <p>3 strike that. 09:57:58</p> <p>4 So these -- so these pain cards 09:57:58</p> <p>5 are being repurposed in the context of the 09:58:02</p> <p>6 continuing education program, correct? 09:58:05</p> <p>7 A. Repurposed to the extent that 09:58:06</p> <p>8 we are not changing any of the content of 09:58:10</p> <p>9 this material. 09:58:12</p> <p>10 Meaning that that first piece, 09:58:16</p> <p>11 the Oxford American pocket cards, that is not 09:58:18</p> <p>12 our material, but we would put "Compliments 09:58:22</p> <p>13 of Mallinckrodt" on there. 09:58:25</p> <p>14 Q. And the same with the pain 09:58:26</p> <p>15 management pocket card set? 09:58:30</p> <p>16 A. That would be my understanding 09:58:31</p> <p>17 of that piece as well. 09:58:32</p> <p>18 Q. And these -- I'm sorry, go 09:58:33</p> <p>19 ahead. 09:58:36</p> <p>20 A. But again, I'm not familiar 09:58:36</p> <p>21 with that piece or the piece before that, but 09:58:37</p> <p>22 there's a lot of content on here, so I've 09:58:39</p> <p>23 never seen that piece. 09:58:43</p> <p>24 Q. And based on the e-mail, 09:58:43</p> <p>25 though, these would have been used -- both of 09:58:45</p>	<p>1 Pain Educators. 10:03:07</p> <p>2 Q. Okay. And they reference their 10:03:07</p> <p>3 pain pocket guide, which is attached to this 10:03:10</p> <p>4 e-mail at Bates number MNK-T1_1786865. 10:03:13</p> <p>5 Do you know how this pocket 10:03:26</p> <p>6 guide was distributed? 10:03:28</p> <p>7 A. This -- from what I'm gleaning 10:03:29</p> <p>8 from the e-mail, it appears that it would be 10:03:37</p> <p>9 distributed by our sales force. 10:03:40</p> <p>10 Q. Okay. Do you have any reason 10:03:41</p> <p>11 to believe that this pocket guide would not 10:03:42</p> <p>12 have been distributed into Ohio? 10:03:46</p> <p>13 A. No. 10:03:47</p> <p>14 Q. Okay. And the e-mail at the 10:03:48</p> <p>15 bottom of MNK-T1_1786889, the bottom of that 10:03:56</p> <p>16 page, references an order for 25,000 pocket 10:04:01</p> <p>17 guides. 10:04:04</p> <p>18 Do you see that? 10:04:04</p> <p>19 A. I do. 10:04:04</p> <p>20 Q. Okay. Do you have any reason 10:04:06</p> <p>21 to believe that Mallinckrodt did not actually 10:04:07</p> <p>22 end up purchasing 25,000 pocket guides? 10:04:09</p> <p>23 A. I do not. 10:04:13</p> <p>24 Q. Okay. Now, focusing on the 10:04:14</p> <p>25 pocket guide, is this pocket guide designed 10:04:25</p>

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1 for use with generic opioid products, branded 10:04:28	1 distributed through our sales force as well. 10:07:09
2 opioid products, or is it just opioid 10:04:32	2 Q. And do you have any reason to 10:07:11
3 products in general? 10:04:35	3 believe that this wouldn't have been 10:07:12
4 MR. O'CONNOR: Objection. 10:04:36	4 distributed in Ohio? 10:07:14
5 THE WITNESS: The piece itself 10:04:38	5 A. No, I do not. 10:07:16
6 speaks to the class of opioids. The 10:04:44	6 Q. And what steps did Mallinckrodt 10:07:18
7 use of the piece would have been 10:04:48	7 take to ensure that the information in this 10:07:23
8 through our sales aids -- or excuse 10:04:50	8 pain pocket guide was accurate? 10:07:26
9 me, our sales reps. 10:04:52	9 A. Any material -- any material 10:07:28
10 QUESTIONS BY MR. KAWAMOTO: 10:04:53	10 that would go through our sales force is 10:07:34
11 Q. And when you say "speaks to the 10:04:54	11 filed with the FDA for approval for use, and 10:07:36
12 class of opioids," you're referring -- well, 10:04:56	12 that would have gone through our same 10:07:39
13 you're referring to a class of opioids that 10:04:59	13 medical/legal compliance review board. 10:07:44
14 would include both Mallinckrodt-branded and 10:05:00	14 (Mallinckrodt-Webb Exhibit 6 10:07:49
15 generic products, fair? 10:05:04	15 marked for identification.) 10:07:56
16 MR. O'CONNOR: Objection. 10:05:05	16 QUESTIONS BY MR. KAWAMOTO: 10:07:56
17 THE WITNESS: It would 10:05:06	17 Q. So I'm handing you what's been 10:08:17
18 include -- it would include all 10:05:09	18 marked as Exhibit 6. Bears a Bates number 10:08:18
19 opioids, yes, sir. 10:05:10	19 MNK-T1_243238. 10:08:26
20 (Mallinckrodt-Webb Exhibit 5 10:05:38	20 A. Okay. 10:09:56
21 marked for identification.) 10:05:38	21 Q. So this document appears to be 10:09:56
22 QUESTIONS BY MR. KAWAMOTO: 10:05:38	22 an advertisement that cover pages -- depicts 10:09:58
23 Q. I would like to mark this as 10:05:38	23 a pictures of a wrestler and it says, "Why 10:10:03
24 Exhibit 5. 10:05:42	24 wrestle with chronic pain?" 10:10:06
25 So, Mr. Webb, I am handing you 10:05:45	25 Is this an example of an opioid 10:10:09
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1 Exhibit 5. It starts with Bates number 10:05:48	1 product ad? 10:10:11
2 MNK-T1_2248914. It has an attachment which 10:05:48	2 A. This piece in particular you're 10:10:13
3 is MNK-T1_2248919. 10:05:56	3 asking me about? 10:10:16
4 This is essentially just the 10:06:00	4 Q. Yes. 10:10:17
5 2008 -- 10:06:03	5 A. No, this is what we would 10:10:18
6 A. I haven't seen the piece yet so 10:06:04	6 customer our master sales aid. 10:10:21
7 if you can just hold on. 10:06:07	7 Q. I'm sorry, a what -- a master 10:10:22
8 Thank you. Okay. I'm sorry. 10:06:14	8 sales aid? 10:10:25
9 Q. This is essentially -- or this 10:06:15	9 A. A master sales aid. That's a 10:10:25
10 is the 2008 portion of the longer e-mail 10:06:17	10 piece used by the sales force. 10:10:29
11 chain that you just reviewed in Exhibit 4. 10:06:21	11 Q. And so this would have been 10:10:31
12 A. Okay. 10:06:24	12 provided to health care professionals, would 10:10:32
13 Q. And its attachment appears to 10:06:25	13 it not? 10:10:33
14 be the 2008 pain pocket guide put out by the 10:06:28	14 A. Correct. 10:10:34
15 ASPE. 10:06:33	15 Q. And this would have been 10:10:34
16 MR. O'CONNOR: Objection. 10:06:40	16 provided to, among others, health care 10:10:35
17 THE WITNESS: Okay. I'm sorry, 10:06:57	17 professionals in Ohio, correct? 10:10:37
18 was there a question pending? 10:06:59	18 A. Correct. 10:10:39
19 QUESTIONS BY MR. KAWAMOTO: 10:07:01	19 Q. Okay. Thank you. Put that 10:10:41
20 Q. Yes. 10:07:02	20 aside. 10:10:50
21 Do you know how this pain -- 10:07:03	21 (Mallinckrodt-Webb Exhibit 7 10:10:50
22 well, strike that. 10:07:04	22 marked for identification.) 10:10:51
23 How was this pocket guide 10:07:04	23 QUESTIONS BY MR. KAWAMOTO: 10:10:51
24 distributed by Mallinckrodt? 10:07:08	24 Q. I think this is now Exhibit 7. 10:11:00
25 A. This would have been 10:07:08	25 So I've handed you what's 10:11:02

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1 marked as Exhibit 7. Its Bates number is 10:11:07
2 MNK-T1_93384. And it is -- 10:11:10
3 A. Okay. 10:12:04
4 Q. Okay. So this -- is this an 10:12:05
5 example of a -- well, strike that. 10:12:07
6 So this document is captioned, 10:12:09
7 "What will your patients be doing when time 10:12:12
8 runs out on their chronic pain medicine?" It 10:12:15
9 includes a picture of tennis shoes and what 10:12:17
10 appears to be a leash. 10:12:19
11 I take it, is this another 10:12:21
12 example of a master sales aid? 10:12:23
13 A. This would be an example of 10:12:24
14 what would constitute a sales aid. 10:12:26
15 Q. Okay. And was this sales aid 10:12:27
16 distributed by your sales force to health 10:12:31
17 care professionals? 10:12:34
18 A. Yes. 10:12:34
19 Q. And it would have included 10:12:35
20 health care professionals in Ohio, would it 10:12:36
21 not? 10:12:38
22 A. Correct. 10:12:38
23 (Mallinckrodt-Webb Exhibit 8 10:12:46
24 marked for identification.) 10:12:47
25

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1 QUESTIONS BY MR. KAWAMOTO: 10:12:47
2 Q. This is going to be Exhibit 8. 10:12:58
3 I've handed you a document 10:13:00
4 Bates numbered MNK-T1_999355. 10:13:05
5 A. Okay. 10:13:29
6 Q. And is this another example of 10:13:29
7 a sales aid? 10:13:31
8 A. Master sales aid. 10:13:32
9 Q. Master sales aid. 10:13:34
10 What's the difference between a 10:13:36
11 master sales aid and a sales said? 10:13:37
12 A. The master sales aid is the 10:13:40
13 primary document that would a -- a sales rep 10:13:42
14 would use in the field. A sales aid then 10:13:45
15 would be any shorter, smaller pieces 10:13:46
16 truncated. 10:13:50
17 Q. Okay. 10:13:50
18 A. Similar messaging, though. 10:13:51
19 Q. So this master sales aid would 10:13:52
20 have distributed by your sales force, 10:13:54
21 including to health care professionals in 10:13:56
22 Ohio, correct? 10:13:57
23 A. Correct. 10:13:58
24 (Mallinckrodt-Webb Exhibit 9 10:14:14
25 marked for identification.) 10:14:14

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1 QUESTIONS BY MR. KAWAMOTO: 10:14:14
2 Q. This is Exhibit 9. I've handed 10:14:21
3 you a document Bates number MNK-T1_93326, and 10:14:42
4 the document is entitled, "Exalgo, a clinical 10:14:50
5 overview." 10:14:53
6 A. Okay. 10:14:54
7 Q. Is this another sales aid? 10:14:54
8 A. This would be a sales aid, 10:14:56
9 correct. 10:14:57
10 Q. Okay. And so it would have 10:14:58
11 been distributed by your sales force to 10:15:00
12 health care professionals in Ohio; is that 10:15:03
13 fair? 10:15:06
14 A. Correct. 10:15:06
15 Q. Okay. Put that aside. 10:15:10
16 (Mallinckrodt-Webb Exhibit 10 10:15:12
17 marked for identification.) 10:15:13
18 QUESTIONS BY MR. KAWAMOTO: 10:15:13
19 Q. This would be Exhibit 10. 10:15:27
20 So I've handed you a document 10:15:38
21 Bates numbered MNK-T1_89968, and it -- it's 10:15:39
22 a -- the cover of the document is captioned, 10:15:46
23 "Now may be the time for a switch," and it 10:15:50
24 indicates someone pulling their face off with 10:15:52
25 a face underneath it. 10:15:55

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1 A. Correct. Uh-huh. 10:15:59
2 Q. Is this another example of a 10:16:00
3 sales aid? 10:16:02
4 A. Correct. 10:16:02
5 Q. And so this would have been 10:16:03
6 distributed by your sales force to health 10:16:05
7 care professionals in Ohio? 10:16:09
8 A. Correct. 10:16:10
9 Q. And so these materials were not 10:16:12
10 distributed directly to patients? 10:16:15
11 A. No, they were not. 10:16:16
12 Q. Would this -- would this sales 10:16:19
13 aid have been included or placed in a medical 10:16:22
14 journal? 10:16:26
15 A. I cannot speak to this piece 10:16:26
16 particularly, if it was placed in a journal. 10:16:31
17 I would have to see the journal. 10:16:34
18 So I know we did journal ads, 10:16:35
19 but I don't recall if this particular piece 10:16:36
20 was a journal ad itself. 10:16:39
21 Q. But a piece similar to this 10:16:40
22 could -- well, strike that. 10:16:43
23 Would the journal ads have been 10:16:44
24 similar to the sales ads that we have been 10:16:49
25 reviewing the past few minutes? 10:16:52

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1	MR. O'CONNOR: Objection.	10:16:54	1	A. Okay.	10:19:29
2	THE WITNESS: No.	10:16:54	2	Q. What is this document?	10:19:29
3	QUESTIONS BY MR. KAWAMOTO:	10:16:57	3	A. This -- this document is used	10:19:31
4	Q. In what way would they have	10:16:58	4	as a sales training document.	10:19:38
5	been different?	10:17:00	5	Q. And when you say "sales	10:19:40
6	A. The material that we were	10:17:00	6	training document," what do you mean by that?	10:19:42
7	reviewing as far as the sales material	10:17:02	7	A. The piece, as entitled -- this	10:19:44
8	contain greater clinical content.	10:17:05	8	piece is referencing the -- once you get the	10:19:48
9	A journal ad is generally for	10:17:10	9	whole story, that would have been the detail	10:19:52
10	name placement and brand -- brand awareness.	10:17:13	10	aid or the sales aid, and it's designed as a	10:19:54
11	It may give some piece of information	10:17:18	11	leave-behind, meaning it's intended and	10:19:58
12	regarding -- but it wouldn't be to the level	10:17:20	12	designed to be left with the physician or the	10:20:01
13	of the detail that you would see in a sales	10:17:22	13	health care provider.	10:20:04
14	aid or a master sales aid.	10:17:24	14	Implementation guide is	10:20:05
15	Q. And its purpose would have been	10:17:25	15	training -- would be used by our sales	10:20:06
16	to raise awareness among health care	10:17:27	16	department on educating the sales force on	10:20:08
17	professionals regarding Mallinckrodt's	10:17:30	17	appropriate messaging and fair balance.	10:20:12
18	branded products?	10:17:32	18	Q. So we're looking -- this	10:20:14
19	MR. O'CONNOR: Objection.	10:17:33	19	document is the implementation guide, so it's	10:20:15
20	THE WITNESS: Correct.	10:17:33	20	essentially training the sales force	10:20:17
21	QUESTIONS BY MR. KAWAMOTO:	10:17:34	21	regarding -- based on the leave-behind; is	10:20:21
22	Q. Would it have -- would you also	10:17:35	22	that fair?	10:20:28
23	have had journal ads designed to raise	10:17:37	23	A. Correct.	10:20:28
24	awareness among health care professionals of	10:17:39	24	Q. And what was it training the	10:20:28
25	Mallinckrodt's generic products?	10:17:42	25	sales force to do?	10:20:31
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1	MR. O'CONNOR: Objection.	10:17:43	1	MR. O'CONNOR: Objection.	10:20:33
2	THE WITNESS: I cannot -- I'm	10:17:44	2	THE WITNESS: It was training	10:20:35
3	not aware of any journal ads for --	10:17:48	3	the sales force on the appropriate use	10:20:36
4	for generic opioids, but if they were	10:17:51	4	of how to position this piece through	10:20:38
5	placed, they would be placed in	10:17:53	5	the important safety information and	10:20:40
6	articles -- or excuse me, publications	10:17:57	6	the clinical content therein.	10:20:42
7	targeting their customers, which would	10:17:58	7	QUESTIONS BY MR. KAWAMOTO:	10:20:44
8	have been wholesalers and	10:18:01	8	Q. And so all of Mallinckrodt's	10:20:45
9	distributors, not to health care	10:18:02	9	sales reps, including its Ohio sales reps,	10:20:46
10	providers.	10:18:04	10	would have received this training?	10:20:50
11	QUESTIONS BY MR. KAWAMOTO:	10:18:07	11	A. They should have received all	10:20:52
12	Q. And did Mallinckrodt ever run	10:18:08	12	the training, yes.	10:20:54
13	journal ads raising awareness for its opioid	10:18:09	13	Q. And so would it be fair to	10:20:59
14	products generally, so essentially unbranded	10:18:14	14	characterize this in some ways as a script	10:21:01
15	advertising?	10:18:19	15	for the -- for the sales force so that they	10:21:04
16	A. No.	10:18:20	16	could understand how to position this piece?	10:21:06
17	(Mallinckrodt-Webb Exhibit 11	10:18:23	17	A. I would not characterize it as	10:21:08
18	marked for identification.)	10:18:24	18	a script. I would characterize it as a piece	10:21:11
19	QUESTIONS BY MR. KAWAMOTO:	10:18:24	19	to draw reference to that when they are	10:21:14
20	Q. Okay. So I believe this is	10:18:24	20	speaking to an element of the content, that	10:21:18
21	Exhibit 11 now.	10:18:43	21	they had -- they were trained on what should	10:21:21
22	So I've handed you a document	10:18:49	22	be said, how -- how to position this with	10:21:24
23	that's Bates numbered MNK-T1_95581, and it's	10:18:51	23	physicians so that they stay on label.	10:21:29
24	titled "Whole Story Sales Aid/Leave Behind	10:19:01	24	Q. And in terms of positioning, is	10:21:30
25	Implementation Guide."	10:19:09	25	that another way of saying -- well, strike	10:21:34

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<p>1 that. 10:21:36</p> <p>2 What do you mean by 10:21:36</p> <p>3 "positioning"? 10:21:38</p> <p>4 A. Present. 10:21:39</p> <p>5 Q. So it would have been important 10:21:40</p> <p>6 for the sales force to stay on message, 10:21:43</p> <p>7 correct? 10:21:45</p> <p>8 MR. O'CONNOR: Objection. 10:21:46</p> <p>9 THE WITNESS: On label. 10:21:46</p> <p>10 QUESTIONS BY MR. KAWAMOTO: 10:21:48</p> <p>11 Q. And when you say stay "on 10:21:50</p> <p>12 label," what do you mean by that? 10:21:52</p> <p>13 A. The FDA-approved label within 10:21:54</p> <p>14 our package insert, what we can say about the 10:21:57</p> <p>15 product. 10:22:01</p> <p>16 Q. So in -- well, strike that. 10:22:01</p> <p>17 So does this implementation 10:22:04</p> <p>18 guide provide guidance to the sales force as 10:22:06</p> <p>19 to what they can say and what they are not 10:22:10</p> <p>20 supposed to say? 10:22:13</p> <p>21 MR. O'CONNOR: Objection. 10:22:13</p> <p>22 THE WITNESS: This would be -- 10:22:14</p> <p>23 well, I want to clarify your question 10:22:21</p> <p>24 when you say what not to say. 10:22:24</p> <p>25 We're teaching the sales force 10:22:26</p>	<p>1 QUESTIONS BY MR. KAWAMOTO: 10:24:38</p> <p>2 Q. Sure. 10:24:39</p> <p>3 What is a promotional 10:24:39</p> <p>4 communications tactical plan? That's the 10:24:41</p> <p>5 title of this document. 10:24:42</p> <p>6 MR. O'CONNOR: Objection. 10:24:44</p> <p>7 But you can answer. 10:24:44</p> <p>8 THE WITNESS: This will be a 10:24:47</p> <p>9 document, it's an internal document, 10:24:48</p> <p>10 generally put together by the product 10:24:50</p> <p>11 director or the product manager to 10:24:52</p> <p>12 walk the organization through the 10:24:56</p> <p>13 launch plan once the product is 10:25:01</p> <p>14 approved from approval to first 10:25:04</p> <p>15 detailing the product. 10:25:08</p> <p>16 QUESTIONS BY MR. KAWAMOTO: 10:25:08</p> <p>17 Q. And you see the slide on 10:25:12</p> <p>18 pages 2 and 3 that are titled "positioning" 10:25:15</p> <p>19 and "positioning statement." 10:25:20</p> <p>20 A. I do. 10:25:22</p> <p>21 Q. What is that? 10:25:23</p> <p>22 A. The positioning statement is 10:25:26</p> <p>23 a -- the mindset of what we would want the 10:25:32</p> <p>24 physician or how we would want the product to 10:25:37</p> <p>25 be viewed in the marketplace by the health 10:25:40</p>
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<p>1 on what they can say, what they should 10:22:28</p> <p>2 be saying. 10:22:31</p> <p>3 QUESTIONS BY MR. KAWAMOTO: 10:22:31</p> <p>4 Q. And so presumably they should 10:22:32</p> <p>5 not be ad-libbing or saying things that are 10:22:32</p> <p>6 not in this implementation guide; is that 10:22:35</p> <p>7 correct? 10:22:39</p> <p>8 MR. O'CONNOR: Objection. 10:22:39</p> <p>9 Objection. 10:22:40</p> <p>10 THE WITNESS: That is correct. 10:22:40</p> <p>11 (Mallinckrodt-Webb Exhibit 12 10:22:40</p> <p>12 marked for identification.) 10:22:40</p> <p>13 QUESTIONS BY MR. KAWAMOTO: 10:22:40</p> <p>14 Q. I'm going to hand you 10:22:42</p> <p>15 Exhibit 12 now. 10:23:16</p> <p>16 A. Thank you. 10:23:17</p> <p>17 Q. So Exhibit 12 is a PowerPoint. 10:23:17</p> <p>18 It's Bates numbered MNK-T1_180030. 10:23:22</p> <p>19 A. Okay. 10:24:24</p> <p>20 Q. Okay. So what is the -- what 10:24:24</p> <p>21 is a promotional communications tactical 10:24:28</p> <p>22 plan? 10:24:32</p> <p>23 A. Can I answer? 10:24:32</p> <p>24 MR. O'CONNOR: Yeah, I'm sorry, 10:24:36</p> <p>25 would you repeat that? 10:24:38</p>	<p>1 care provider. 10:25:43</p> <p>2 Q. And so is this the sales 10:25:44</p> <p>3 message to the health care professionals? 10:25:47</p> <p>4 A. No, it is not a sales message. 10:25:48</p> <p>5 Q. So when you say that it is -- 10:25:53</p> <p>6 this is the mindset of what you would want 10:25:58</p> <p>7 the physician -- well, I'm sorry, strike 10:26:00</p> <p>8 that. 10:26:02</p> <p>9 I believe you indicated that 10:26:02</p> <p>10 the position -- "the positioning statement is 10:26:11</p> <p>11 a mindset of what we would want the physician 10:26:12</p> <p>12 or how we would want the product to be viewed 10:26:14</p> <p>13 in the marketplace." 10:26:16</p> <p>14 And so how -- how would you go 10:26:18</p> <p>15 about achieving that? 10:26:21</p> <p>16 A. That then would be achieved 10:26:22</p> <p>17 through our sales material or our sales aid. 10:26:26</p> <p>18 Q. And so your sales material were 10:26:28</p> <p>19 designed to convince or persuade the health 10:26:30</p> <p>20 care professionals -- well, strike that. 10:26:35</p> <p>21 So the goal of your sales and 10:26:41</p> <p>22 marketing was to persuade the health care -- 10:26:48</p> <p>23 the health care professionals of your 10:26:52</p> <p>24 positioning statement; is that correct? 10:26:55</p> <p>25 MR. O'CONNOR: Objection. 10:26:57</p>

<p style="text-align: right;">Page 74</p> <p>1 THE WITNESS: It would -- it 10:26:58</p> <p>2 would be -- the mindset of the -- of 10:27:07</p> <p>3 what we would want the product to 10:27:09</p> <p>4 be -- to connote to a physician, to 10:27:12</p> <p>5 a health care provider. 10:27:15</p> <p>6 QUESTIONS BY MR. KAWAMOTO: 10:27:16</p> <p>7 Q. And the way you would achieve 10:27:16</p> <p>8 that goal in terms of the appropriate mindset 10:27:17</p> <p>9 for the health care professional is through 10:27:20</p> <p>10 your sales and marketing efforts, that's my 10:27:22</p> <p>11 question? 10:27:26</p> <p>12 MR. O'CONNOR: Objection. 10:27:26</p> <p>13 THE WITNESS: Correct. 10:27:27</p> <p>14 MR. O'CONNOR: It's almost 10:27:37</p> <p>15 10:30. We've been going for a bit. 10:27:40</p> <p>16 Do you want to take a break 10:27:42</p> <p>17 now? 10:27:43</p> <p>18 MR. KAWAMOTO: Yeah, why don't 10:27:43</p> <p>19 we take a break now. 10:27:44</p> <p>20 VIDEOGRAPHER: We're going off 10:27:44</p> <p>21 the record at 10:27 a.m. 10:27:45</p> <p>22 (Off the record at 10:27 a.m.) 10:27:47</p> <p>23 VIDEOGRAPHER: We're back on 10:49:37</p> <p>24 the record at 10:49 a.m. 10:49:38</p> <p>25</p>	<p style="text-align: right;">Page 76</p> <p>1 And so we would then take 10:51:03</p> <p>2 messaging or variations of messaging from the 10:51:08</p> <p>3 label to the physicians. We would look at 10:51:10</p> <p>4 different pictures or concepts that were 10:51:12</p> <p>5 developed by an ad agency for us. 10:51:15</p> <p>6 That then would be -- would 10:51:22</p> <p>7 research with the physicians what piece or 10:51:25</p> <p>8 what message resonated with the physicians or 10:51:27</p> <p>9 they would need -- information reported back 10:51:29</p> <p>10 through our market research team back to the 10:51:30</p> <p>11 product director or the product team. 10:51:32</p> <p>12 That then would go into a sales 10:51:35</p> <p>13 aid, sales development material, sales aid. 10:51:38</p> <p>14 That sales aid will often go back to a 10:51:42</p> <p>15 physician through market research. The 10:51:45</p> <p>16 physician then would get -- or perspective or 10:51:47</p> <p>17 insight from the physician on the -- just the 10:51:52</p> <p>18 master sales aid as far as the message flow. 10:51:54</p> <p>19 And then once we felt that -- 10:51:56</p> <p>20 the market team felt that they were in a good 10:51:58</p> <p>21 place with the sales aid, they would then 10:52:01</p> <p>22 lock it down and move into production and 10:52:04</p> <p>23 distribution. 10:52:09</p> <p>24 Q. And this was all being done on 10:52:09</p> <p>25 a national level, correct? 10:52:10</p>
<p style="text-align: right;">Page 75</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 10:49:40</p> <p>2 Q. So, Mr. Webb, during the past 10:49:40</p> <p>3 hour we've looked at master sales aids, sales 10:49:43</p> <p>4 aids, leave-behinds, you know, various 10:49:49</p> <p>5 marketing and advertising materials. 10:49:51</p> <p>6 What was the general process 10:49:53</p> <p>7 for developing these materials? 10:49:55</p> <p>8 A. The -- each of the sales 10:49:56</p> <p>9 aids -- any of the marketing material for 10:50:05</p> <p>10 the -- actually, it would be for the master 10:50:10</p> <p>11 sales aid. So as a reminder of that, the 10:50:13</p> <p>12 other sales aids fall -- are a variation of 10:50:15</p> <p>13 the master sales aid. So the process I'm 10:50:18</p> <p>14 going to be speaking to would generally be 10:50:20</p> <p>15 the main sales aid or the master sales aid. 10:50:23</p> <p>16 We would do market research 10:50:26</p> <p>17 with physicians. Market research would be 10:50:31</p> <p>18 directed by our market research department, 10:50:36</p> <p>19 which is separate from our marketing 10:50:39</p> <p>20 department. The -- that individual then 10:50:40</p> <p>21 would contract out with a third-party group 10:50:45</p> <p>22 to develop the market research programs, such 10:50:48</p> <p>23 as individual one-on-ones with physicians 10:50:56</p> <p>24 through a third party or through some kind of 10:50:59</p> <p>25 focus group. 10:51:02</p>	<p style="text-align: right;">Page 77</p> <p>1 A. Well -- 10:52:12</p> <p>2 MR. O'CONNOR: Objection. 10:52:14</p> <p>3 THE WITNESS: National level to 10:52:15</p> <p>4 the extent it's developing one piece. 10:52:17</p> <p>5 QUESTIONS BY MR. KAWAMOTO: 10:52:19</p> <p>6 Q. Okay. And so there's no 10:52:19</p> <p>7 difference in the marketing materials or 10:52:22</p> <p>8 advertisements that would have been 10:52:26</p> <p>9 distributed and used in Ohio as opposed to 10:52:28</p> <p>10 anywhere else in the country from 10:52:32</p> <p>11 Mallinckrodt? 10:52:34</p> <p>12 MR. O'CONNOR: Objection. 10:52:34</p> <p>13 Objection. 10:52:35</p> <p>14 THE WITNESS: Well, I mean, to 10:52:35</p> <p>15 say which pieces were used in Ohio, 10:52:36</p> <p>16 I'm not aware of, but I would not have 10:52:37</p> <p>17 any to suspect that the pieces that we 10:52:41</p> <p>18 developed for the nation would not be 10:52:43</p> <p>19 used in Ohio. 10:52:44</p> <p>20 QUESTIONS BY MR. KAWAMOTO: 10:52:44</p> <p>21 Q. Okay. And in terms of the 10:52:45</p> <p>22 training for the sales force, that was also 10:52:49</p> <p>23 done via a national program, correct? 10:52:53</p> <p>24 A. All of our sales forces would 10:52:56</p> <p>25 have gone through the sale training, same 10:53:00</p>

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<p>1 sales training. 10:53:03</p> <p>2 Q. So there's no reason to -- both 10:53:03</p> <p>3 the messaging -- well, strike that. 10:53:05</p> <p>4 The message from the Ohio sales 10:53:06</p> <p>5 force would not have been different than the 10:53:09</p> <p>6 message from the sales force in any other 10:53:12</p> <p>7 part of the country, would that -- 10:53:15</p> <p>8 MR. O'CONNOR: Objection to 10:53:17</p> <p>9 scope. And objection to form, both. 10:53:17</p> <p>10 THE WITNESS: Can I answer? 10:53:22</p> <p>11 MR. O'CONNOR: Yes, you can 10:53:24</p> <p>12 answer. Yeah. 10:53:28</p> <p>13 THE WITNESS: The -- I have no 10:53:29</p> <p>14 reason to suspect that the sales force 10:53:31</p> <p>15 in Ohio would have been trained any 10:53:35</p> <p>16 differently than the entire national 10:53:37</p> <p>17 sales force. 10:53:39</p> <p>18 (Mallinckrodt-Webb Exhibit 13 10:53:49</p> <p>19 marked for identification.) 10:53:49</p> <p>20 QUESTIONS BY MR. KAWAMOTO: 10:53:49</p> <p>21 Q. Okay. So I would like to hand 10:53:56</p> <p>22 you what's now marked as Exhibit 13. 10:53:58</p> <p>23 So, sir, I've handed you a 10:54:24</p> <p>24 document Bates numbered MNK-T1_98099. 10:54:25</p> <p>25 A. Uh-huh. 10:54:31</p>	<p>1 education and enabling tools is patients. 10:55:55</p> <p>2 Do you see that box? 10:55:58</p> <p>3 A. I do. 10:56:00</p> <p>4 Q. I take it the tools identified 10:56:00</p> <p>5 in that box would have been provided to 10:56:05</p> <p>6 patients? 10:56:07</p> <p>7 MR. O'CONNOR: Objection. 10:56:08</p> <p>8 THE WITNESS: These would have 10:56:09</p> <p>9 been provided to patients via their 10:56:12</p> <p>10 health care provider. 10:56:14</p> <p>11 QUESTIONS BY MR. KAWAMOTO: 10:56:15</p> <p>12 Q. Okay. And you'll see in the 10:56:15</p> <p>13 box, one of the -- one of the tools is a 10:56:18</p> <p>14 Defeat Chronic Pain Now book. 10:56:24</p> <p>15 Do you see that? 10:56:24</p> <p>16 A. I do. 10:56:24</p> <p>17 Q. Okay. Are you familiar with 10:56:26</p> <p>18 that book? 10:56:27</p> <p>19 A. I would have to look at the 10:56:29</p> <p>20 pieces. I'm aware of the pieces, but I 10:56:32</p> <p>21 couldn't tell you what specifically that 10:56:36</p> <p>22 piece was without seeing it. 10:56:38</p> <p>23 Q. Okay. But I take it 10:56:39</p> <p>24 Mallinckrodt would have reviewed that 10:56:40</p> <p>25 publication before identifying it as a tool 10:56:42</p>
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<p>1 Q. On the document it indicates 10:54:31</p> <p>2 it's part of the CARES Alliance, which is 10:54:33</p> <p>3 trademarked. 10:54:35</p> <p>4 What is the CARES Alliance? 10:54:36</p> <p>5 A. Go ahead? 10:54:38</p> <p>6 CARES Alliance is an alliance 10:54:43</p> <p>7 or coalition that was developed by 10:54:48</p> <p>8 Mallinckrodt to help educate physicians or 10:54:51</p> <p>9 health care providers on the appropriate use 10:54:59</p> <p>10 and prescribing of opioids. 10:55:02</p> <p>11 Q. And this -- this slide or this 10:55:05</p> <p>12 document references education and enabling 10:55:12</p> <p>13 tools. 10:55:16</p> <p>14 What were those? 10:55:16</p> <p>15 A. The CARES Alliance had a -- a 10:55:18</p> <p>16 series of material or pieces that were 10:55:25</p> <p>17 used -- that were distributed to the -- to 10:55:28</p> <p>18 physicians and made available to them to -- 10:55:31</p> <p>19 and/or pharmacists, so it was health care 10:55:34</p> <p>20 professionals -- to help identify how to use, 10:55:37</p> <p>21 appropriately prescribe and how to assess 10:55:41</p> <p>22 patients for appropriate use of opioids. 10:55:48</p> <p>23 Q. And one of the categories of 10:55:49</p> <p>24 education -- I'm sorry, strike that. 10:55:52</p> <p>25 One of the categories of 10:55:54</p>	<p>1 for patients, correct? 10:56:44</p> <p>2 MR. O'CONNOR: Objection. 10:56:45</p> <p>3 THE WITNESS: Yes. 10:56:47</p> <p>4 QUESTIONS BY MR. KAWAMOTO: 10:56:48</p> <p>5 Q. Okay. And so Mallinckrodt 10:56:49</p> <p>6 presumably concluded that that Defeat Chronic 10:56:51</p> <p>7 Pain Now book was accurate, correct? 10:56:54</p> <p>8 MR. O'CONNOR: Objection. 10:56:56</p> <p>9 THE WITNESS: That piece would 10:56:57</p> <p>10 have been reviewed by our medical, 10:56:59</p> <p>11 legal and regulatory team, yes. 10:57:02</p> <p>12 (Mallinckrodt-Webb Exhibit 14 10:57:15</p> <p>13 marked for identification.) 10:57:15</p> <p>14 QUESTIONS BY MR. KAWAMOTO: 10:57:15</p> <p>15 Q. So I've just handed you a 10:57:39</p> <p>16 document entitled "Exalgo proposed risk 10:57:41</p> <p>17 mitigation strategy, including Exalgo risk 10:57:45</p> <p>18 evaluation and mitigation strategies, REMS," 10:57:48</p> <p>19 and the Bates number for this is 10:58:08</p> <p>20 MNK-T1_548549. 10:57:54</p> <p>21 And I just have questions about 10:57:55</p> <p>22 the -- it's a fairly lengthy document. So I 10:57:58</p> <p>23 just have questions about the first page and 10:58:02</p> <p>24 then Table 4, which I believe is on -- I 10:58:04</p> <p>25 believe that is on page -- it's page 12 of 10:58:16</p>

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1	the document and it's Bates number 548560.	10:58:25	1	Exhibit 15.	11:00:52
2	A. Okay.	10:58:42	2	So I've handed you a document.	11:00:59
3	Q. So what is a REMS?	10:58:42	3	It's Bates numbered MNK-T1_1493093. The	11:01:16
4	A. REMS is an FDA requirement they	10:58:44	4	title is "CARES Alliance tools, catalog and	11:01:22
5	put in place, I believe it was 2012, for	10:58:51	5	order form."	11:01:26
6	long-acting opioids. It stands for risk	10:58:57	6	A. Uh-huh. Yes.	11:01:46
7	evaluation mitigation strategy.	10:59:01	7	Q. So what is this document?	11:01:47
8	Q. Okay. And you'll see on	10:59:05	8	A. This is -- I don't know if this	11:01:48
9	page 12 under Table 4, it's general opioid	10:59:08	9	is a -- this was a document that we would	11:01:59
10	risk mitigation tools and activities.	10:59:11	10	make available to health care providers that	11:02:01
11	So what is the purpose of that	10:59:16	11	provides him or her a listing of all the	11:02:05
12	table?	10:59:17	12	available education material on patient	11:02:08
13	Meaning why --	10:59:24	13	safety that's available through CARES	11:02:12
14	MR. O'CONNOR: So --	10:59:26	14	Alliance.	11:02:14
15	QUESTIONS BY MR. KAWAMOTO:	10:59:26	15	Q. And so this would have been a	11:02:14
16	Q. Let me rephrase.	10:59:26	16	listing of materials for physicians to	11:02:17
17	Meaning why is this table	10:59:27	17	provide to their patients in part, correct?	11:02:19
18	included in this REMS document?	10:59:29	18	MR. O'CONNOR: Objection.	11:02:23
19	MR. O'CONNOR: Objection.	10:59:30	19	THE WITNESS: No. I mean,	11:02:24
20	THE WITNESS: Well, first of	10:59:31	20	there's -- there's also pieces,	11:02:27
21	all, I'm not familiar -- I have not	10:59:32	21	information here that's specific to	11:02:29
22	seen this particular document.	10:59:33	22	just physicians that would not be	11:02:32
23	The -- this is a listing,	10:59:38	23	patient material.	11:02:33
24	though, that we would provide that	10:59:48	24	QUESTIONS BY MR. KAWAMOTO:	11:02:34
25	would outline or list all of the	10:59:50	25	Q. If I could direct your	11:02:34
Page 83			Page 85		
1	various materials that Mallinckrodt	10:59:52	1	attention to page 13 of this document, Bates	11:02:35
2	would be using to appropriately	10:59:57	2	number 1493099?	11:02:38
3	educate physicians or inform	10:59:58	3	A. Uh-huh, yes.	11:02:41
4	physicians regarding the use of	11:00:00	4	Q. That -- the title for that is	11:02:42
5	Exalgo.	11:00:02	5	"patient tools."	11:02:45
6	QUESTIONS BY MR. KAWAMOTO:	11:00:03	6	Do you see that?	11:02:46
7	Q. And so these would have been	11:00:03	7	A. I see that.	11:02:46
8	materials that were being used to satisfy the	11:00:05	8	Q. Okay. So I take it these would	11:02:48
9	REMS requirement by the FDA; is that correct?	11:00:09	9	have been materials for health care -- for	11:02:52
10	MR. O'CONNOR: Objection.	11:00:12	10	health care professionals to provide to their	11:02:55
11	THE WITNESS: Yeah, the REMS	11:00:14	11	patients?	11:02:58
12	was an FDA-required document, yes. So	11:00:16	12	MR. O'CONNOR: Objection.	11:02:59
13	this was laying out to the FDA, these	11:00:19	13	THE WITNESS: This would have	11:03:00
14	are the various documents that we used	11:00:20	14	been -- well, I -- since it's under	11:03:04
15	within our REMS program.	11:00:22	15	the patient tools category, I would	11:03:07
16	QUESTIONS BY MR. KAWAMOTO:	11:00:23	16	assume then, yes, that would be	11:03:09
17	Q. And one of the documents	11:00:24	17	available for patients.	11:03:11
18	identified is the Defeat Chronic Pain Now	11:00:25	18	QUESTIONS BY MR. KAWAMOTO:	11:03:12
19	book.	11:00:27	19	Q. Okay. And there's a	11:03:12
20	Do you see that?	11:00:27	20	description of the various tools.	11:03:15
21	A. I do.	11:00:28	21	Do you see that as well?	11:03:16
22	(Mallinckrodt-Webb Exhibit 15	11:00:43	22	A. Yes.	11:03:17
23	marked for identification.)	11:00:43	23	Q. Okay. And Mallinckrodt	11:03:19
24	QUESTIONS BY MR. KAWAMOTO:	11:00:43	24	prepared this catalog and order form?	11:03:21
25	Q. Okay. I believe we're up to	11:00:43	25	MR. O'CONNOR: Objection.	11:03:23

<p style="text-align: right;">Page 86</p> <p>1 THE WITNESS: Yes. 11:03:24</p> <p>2 QUESTIONS BY MR. KAWAMOTO: 11:03:35</p> <p>3 Q. Now, I would like to direct 11:03:44</p> <p>4 your attention back to Exhibit 2. 11:03:46</p> <p>5 Do you have that handy? 11:03:49</p> <p>6 And I would like to focus your 11:04:03</p> <p>7 attention on the Bates number -- well, on the 11:04:04</p> <p>8 pain management card. 11:04:08</p> <p>9 Do you see that? 11:04:09</p> <p>10 A. I do. 11:04:10</p> <p>11 Q. So do you see the box that says 11:04:11</p> <p>12 "treat"? 11:04:13</p> <p>13 A. I'm sorry, where are you? What 11:04:16</p> <p>14 box? 11:04:23</p> <p>15 Q. There's a box on the pain 11:04:23</p> <p>16 management card and it says "treat." 11:04:25</p> <p>17 And actually, why don't I use 11:04:27</p> <p>18 the Elmo. That might make things a little 11:04:28</p> <p>19 better, assuming I can get over there. 11:04:32</p> <p>20 So if I could direct your 11:04:40</p> <p>21 attention, do you see that statement that I'm 11:04:41</p> <p>22 starring right over there? 11:04:44</p> <p>23 A. Yes, I'm sorry, yes. Okay. 11:04:45</p> <p>24 Q. Okay. So can you read that 11:04:47</p> <p>25 statement into the record? Just that 11:04:50</p>	<p style="text-align: right;">Page 88</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 11:05:37</p> <p>2 Q. But in the course of preparing 11:05:38</p> <p>3 for this 30(b)(6), you don't have any reason 11:05:39</p> <p>4 to believe that Mallinckrodt believes that 11:05:41</p> <p>5 statement is inaccurate, do you? 11:05:43</p> <p>6 MR. O'CONNOR: Objection. 11:05:45</p> <p>7 THE WITNESS: No. 11:05:45</p> <p>8 QUESTIONS BY MR. KAWAMOTO: 11:05:45</p> <p>9 Q. And given the review process 11:05:47</p> <p>10 for this document, it would be your 11:05:49</p> <p>11 expectation that Mallinckrodt agreed that the 11:05:52</p> <p>12 statement is accurate; is that fair? 11:05:54</p> <p>13 MR. O'CONNOR: Objection. 11:05:56</p> <p>14 THE WITNESS: Correct. 11:05:56</p> <p>15 QUESTIONS BY MR. KAWAMOTO: 11:05:57</p> <p>16 Q. Okay. And what steps were 11:05:58</p> <p>17 taken to ensure the accuracy of that bullet 11:06:04</p> <p>18 point? 11:06:07</p> <p>19 A. This would have been head -- 11:06:07</p> <p>20 would have been reviewed by our medical team, 11:06:10</p> <p>21 our medical professional. 11:06:13</p> <p>22 Q. And do you know who that would 11:06:15</p> <p>23 have been? 11:06:17</p> <p>24 A. No. 11:06:17</p> <p>25 Q. Okay. And what are the 11:06:19</p>
<p style="text-align: right;">Page 87</p> <p>1 sentence or phrase. 11:04:51</p> <p>2 A. Under "treat"? 11:04:53</p> <p>3 Q. Yes, please. 11:04:54</p> <p>4 A. The first bullet? 11:04:55</p> <p>5 Q. Yes, please. 11:04:56</p> <p>6 A. "With older adults, start dose 11:04:57</p> <p>7 low, go slow, but go." 11:05:00</p> <p>8 Q. Okay. And I take it 11:05:03</p> <p>9 Mallinckrodt agrees with that statement? 11:05:05</p> <p>10 MR. O'CONNOR: Objection. 11:05:07</p> <p>11 THE WITNESS: This is a piece 11:05:08</p> <p>12 that Mallinckrodt would have reviewed 11:05:16</p> <p>13 and approved. 11:05:17</p> <p>14 QUESTIONS BY MR. KAWAMOTO: 11:05:18</p> <p>15 Q. Okay. So Mallinckrodt believes 11:05:18</p> <p>16 that that statement is an accurate one? 11:05:20</p> <p>17 MR. O'CONNOR: Objection. 11:05:23</p> <p>18 QUESTIONS BY MR. KAWAMOTO: 11:05:23</p> <p>19 Q. "With older adults, start dose 11:05:24</p> <p>20 low, go slow, but go," correct? 11:05:27</p> <p>21 MR. O'CONNOR: Objection. 11:05:30</p> <p>22 THE WITNESS: I would have to 11:05:30</p> <p>23 defer to our clinical team. I'm not a 11:05:31</p> <p>24 clinician. 11:05:37</p> <p>25</p>	<p style="text-align: right;">Page 89</p> <p>1 scientific or medical studies that support 11:06:24</p> <p>2 that statement? 11:06:25</p> <p>3 A. Well, I would have to refer to 11:06:28</p> <p>4 the footnote, the reference, Dr. Gupta. I 11:06:32</p> <p>5 would have to look at the notes on who -- 11:06:37</p> <p>6 where the piece was originating. 11:06:39</p> <p>7 I would have to look at -- I 11:06:55</p> <p>8 would have to look at what IS 8 is. I don't 11:06:56</p> <p>9 know if that's an organization. 11:07:01</p> <p>10 But the author would be Gupta, 11:07:02</p> <p>11 and I would defer to -- assuming that's a 11:07:03</p> <p>12 Dr. Gupta, but whoever Gupta is. 11:07:08</p> <p>13 Q. And you're getting Gupta from 11:07:09</p> <p>14 the author, which -- Ruchir Gupta, 2014? 11:07:11</p> <p>15 A. Correct. 11:07:12</p> <p>16 Q. Okay. But you don't -- 11:07:13</p> <p>17 Mallinckrodt doesn't know what basis 11:07:18</p> <p>18 Dr. Gupta had for that statement, does it? 11:07:21</p> <p>19 MR. O'CONNOR: Objection. 11:07:23</p> <p>20 THE WITNESS: The availability 11:07:24</p> <p>21 of any our material would have been 11:07:28</p> <p>22 peer-reviewed and that -- we would 11:07:31</p> <p>23 have found -- we would have been -- 11:07:34</p> <p>24 utilized a peer-reviewed piece that 11:07:35</p> <p>25 was accepted at the time for medical 11:07:37</p>

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<p>1 accuracy. 11:07:39</p> <p>2 QUESTIONS BY MR. KAWAMOTO: 11:07:40</p> <p>3 Q. But based on your preparation 11:07:40</p> <p>4 for this -- for this 30(b)(6) and based on 11:07:44</p> <p>5 your personal knowledge, you can't identify 11:07:48</p> <p>6 any scientific or medical studies that 11:07:52</p> <p>7 support this statement; is that accurate? 11:07:54</p> <p>8 A. Not from looking at just this 11:07:56</p> <p>9 piece, no. 11:07:58</p> <p>10 Q. Directing your attention to the 11:07:59</p> <p>11 bullet point that's four down, it says, "Two 11:08:05</p> <p>12 drugs of the same class." 11:08:08</p> <p>13 Do you see that? 11:08:13</p> <p>14 A. Discuss -- 11:08:14</p> <p>15 Q. I'm sorry, let me -- 11:08:16</p> <p>16 A. Oh, yeah, I do. "Two drugs," 11:08:18</p> <p>17 yes, yes, uh-huh. 11:08:20</p> <p>18 Q. Can you please read that into 11:08:21</p> <p>19 the record? 11:08:22</p> <p>20 A. "Two drugs of the same class, 11:08:23</p> <p>21 e.g., NSAIDS, should not generally be given 11:08:26</p> <p>22 concurrently. However, long- and 11:08:30</p> <p>23 short-acting opioids may be prescribed 11:08:33</p> <p>24 together." 11:08:36</p> <p>25 Q. And does Mallinckrodt agree 11:08:37</p>	<p>1 Q. Okay. So could you please read 11:09:39</p> <p>2 the statement that says "Most" -- that starts 11:09:41</p> <p>3 with "Most opioid." 11:09:43</p> <p>4 A. "Most opioid analgesics have no 11:09:46</p> <p>5 analgesic" -- I'm sorry, I have to -- 11:09:49</p> <p>6 "Most opioid analgesics have no 11:09:55</p> <p>7 analgesic ceiling dose. Titrate to relief 11:09:59</p> <p>8 and assess for adverse effects." 11:10:04</p> <p>9 Q. Okay. Does Mallinckrodt agree 11:10:07</p> <p>10 with that statement? 11:10:09</p> <p>11 A. I have no reason to suspect we 11:10:10</p> <p>12 would not agree with it. 11:10:11</p> <p>13 Q. Okay. And what are the 11:10:12</p> <p>14 scientific or medical studies that support 11:10:15</p> <p>15 that statement? 11:10:17</p> <p>16 A. For this particular piece, I 11:10:17</p> <p>17 would have to refer to Gupta. 11:10:21</p> <p>18 Q. Do you see the bullet 11:10:23</p> <p>19 underneath that that says -- that starts with 11:10:28</p> <p>20 "Addiction rarely occurs"? 11:10:32</p> <p>21 A. Yes. 11:10:34</p> <p>22 Q. Could you please read that into 11:10:35</p> <p>23 the record? 11:10:36</p> <p>24 A. It reads, "Addiction rarely 11:10:36</p> <p>25 occurs unless there is a" -- something of 11:10:40</p>
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<p>1 with that statement? 11:08:39</p> <p>2 A. I would not have any reason to 11:08:39</p> <p>3 suspect that we would not. 11:08:44</p> <p>4 Q. Okay. And what steps were 11:08:45</p> <p>5 taken to ensure the accuracy of that 11:08:48</p> <p>6 statement? 11:08:49</p> <p>7 A. That piece -- this piece, that 11:08:50</p> <p>8 statement would have been reviewed by our 11:08:53</p> <p>9 clinical review. 11:08:55</p> <p>10 Q. And what are the scientific or 11:08:56</p> <p>11 medical studies that support that statement? 11:08:57</p> <p>12 A. I would have to defer to 11:09:00</p> <p>13 Gupta's studies, resources. 11:09:06</p> <p>14 Q. But you're not aware, based on 11:09:08</p> <p>15 your preparation for this 30(b)(6) or your 11:09:10</p> <p>16 personal knowledge, of what materials, if 11:09:13</p> <p>17 any, that Dr. Gupta relied on? 11:09:15</p> <p>18 A. Not offhand, no. 11:09:18</p> <p>19 Q. Okay. And do you, in fact, 11:09:19</p> <p>20 know that that Ruchir Gupta is a doctor? 11:09:21</p> <p>21 A. I do not personally, no. 11:09:26</p> <p>22 Q. Okay. Directing your attention 11:09:28</p> <p>23 to the box below "treat," it says "monitor." 11:09:30</p> <p>24 Do you see that? Right there? 11:09:32</p> <p>25 A. Uh-huh. Yes, I do. 11:09:36</p>	<p>1 abuse, I can't -- there's a -- 11:10:47</p> <p>2 Q. Well, it's HHX, is that 11:10:49</p> <p>3 history? 11:10:50</p> <p>4 A. History, yes, that would be 11:10:51</p> <p>5 history. 11:10:52</p> <p>6 Q. Okay. 11:10:52</p> <p>7 A. "Addiction rarely occurs unless 11:10:52</p> <p>8 there's a history of abuse." 11:10:56</p> <p>9 Q. Okay. Does Mallinckrodt agree 11:10:57</p> <p>10 with that statement? 11:10:58</p> <p>11 A. I have no reason to suspect 11:10:59</p> <p>12 that we would not agree with that statement. 11:11:02</p> <p>13 Q. Okay. And what are the 11:11:04</p> <p>14 scientific or medical studies that support 11:11:06</p> <p>15 that statement? 11:11:07</p> <p>16 A. I would defer to Gupta. 11:11:09</p> <p>17 Q. And when you say you "would 11:11:11</p> <p>18 defer to Gupta," just to be clear, you're not 11:11:15</p> <p>19 aware of what studies or what basis Mr. Gupta 11:11:17</p> <p>20 has for these statements, do you? 11:11:20</p> <p>21 A. Since I'm not familiar with 11:11:22</p> <p>22 this piece, I have not seen it in its 11:11:25</p> <p>23 entirety, I do not know if there's another 11:11:29</p> <p>24 page or another piece of it that lists any 11:11:31</p> <p>25 references. I have not -- 11:11:33</p>

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1 So I have no reason to suspect 11:11:34
2 no, but I have not seen the entire document. 11:11:36
3 Q. And you don't know anything 11:11:38
4 about Mr. Gupta or his qualifications? 11:11:39
5 A. Or Dr. Gupta. 11:11:42
6 Q. Okay. Do you see the box at 11:11:45
7 the top again -- let me try to point that 11:11:50
8 out. It's right up there. 11:11:53
9 A. Uh-huh. I do. Called 11:11:55
10 "breakthrough." 11:11:57
11 Q. "Breakthrough pain management." 11:11:57
12 Can you please read the first 11:12:00
13 bullet point? 11:12:06
14 A. "Use long-acting opioids around 11:12:07
15 the clock for baseline management of 11:12:10
16 persistent pain." 11:12:13
17 Q. And can you please read the 11:12:14
18 second bullet point? 11:12:16
19 A. "Use short-acting opioids, PRN, 11:12:16
20 parenthesis, rescue, close parenthesis, for 11:12:20
21 breakthrough pain." 11:12:24
22 Q. Okay. I take it Mallinckrodt 11:12:25
23 agrees with both of those statements? 11:12:31
24 MR. O'CONNOR: Objection. 11:12:33
25 THE WITNESS: I would not have 11:12:34

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1 reason to suspect we do not. 11:12:37
2 QUESTIONS BY MR. KAWAMOTO: 11:12:39
3 Q. Okay. But you're not aware of 11:12:39
4 the -- any medical studies or scientific 11:12:41
5 studies that support those statements? 11:12:45
6 A. As contained within this piece, 11:12:48
7 I am not. 11:12:49
8 Q. Okay. Thank you. 11:12:51
9 Can you please take a look at 11:13:27
10 Exhibit 5 for me? 11:13:28
11 If I could direct your 11:13:52
12 attention to the guidelines pocket card, the 11:13:53
13 attachment. 11:13:58
14 A. Uh-huh. 11:13:59
15 Q. And do you see Table 5? 11:13:59
16 It's going to be on page Bates 11:14:01
17 number 2248920. 11:14:04
18 A. Okay. 11:14:09
19 Q. Can you please read the very 11:14:09
20 last bullet point in that table? 11:14:14
21 A. Let's see, under "patients"? 11:14:17
22 Q. I'm sorry, under Table 5, 11:14:21
23 Principles of Pain Management with Opioids. 11:14:23
24 A. Yes. 11:14:26
25 Oh, that first paragraph up -- 11:14:27

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1 Q. That first -- that first -- 11:14:29
2 well, there's a table and then it says, 11:14:30
3 "acute pain, eudynia," underneath that. 11:14:32
4 A. I'm sorry, where is it at? 11:14:36
5 Q. Let me. So it's right up 11:14:38
6 there. 11:14:40
7 Do you see that? 11:14:40
8 A. Uh-huh, I see that table. 11:14:40
9 Q. Okay. And then do you see the 11:14:42
10 very bottom bullet point under that table? 11:14:43
11 A. This one which I'm referring 11:14:47
12 to? 11:14:49
13 Q. Yes. 11:14:50
14 A. Yes. 11:14:50
15 Q. Okay. Can you please read that 11:14:50
16 into the record? 11:14:52
17 A. The bullet reads, "Risk of 11:14:52
18 addiction rare, see Table 7, closed 11:14:55
19 parentheses." 11:14:58
20 Q. Okay. And review Table 7, if 11:14:59
21 you would like to, but I guess my question is 11:15:05
22 does Mallinckrodt agree with that statement? 11:15:07
23 MR. O'CONNOR: Objection. 11:15:10
24 THE WITNESS: I would have no 11:15:15
25 reason to suspect we do not. 11:15:17

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1 QUESTIONS BY MR. KAWAMOTO: 11:15:19
2 Q. And what are the medical or 11:15:20
3 scientific studies that support the statement 11:15:21
4 that risk of addiction is rare? 11:15:23
5 A. I would have to refer to 11:15:25
6 Table 7, and then the publication, 11:15:31
7 peer-reviewed publication, entitled -- 11:15:36
8 adapted from "Public Policy Statement on the 11:15:39
9 Rights and Responsibilities of Physicians in 11:15:42
10 the Use of Opioids for the Treatment of Pain" 11:15:44
11 from the American Society of Addiction 11:15:46
12 Medicine, published 1997. 11:15:49
13 Q. And so is that the -- well, 11:15:52
14 strike that. 11:15:56
15 Is that a -- that says it's a 11:15:56
16 public policy statement, though. 11:16:01
17 That's not a medical or 11:16:03
18 scientific study, is it? 11:16:04
19 A. Well, that would be -- 11:16:06
20 MR. O'CONNOR: Objection. 11:16:10
21 THE WITNESS: So I'm not 11:16:11
22 familiar with that piece, but it's a 11:16:12
23 public policy statement put out by a 11:16:16
24 health care professional association. 11:16:19
25

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<p>1 QUESTIONS BY MR. KAWAMOTO: 11:16:22</p> <p>2 Q. Okay. Other than that public 11:16:24</p> <p>3 policy statement, are you aware of any other 11:16:26</p> <p>4 scientific or medical studies that support 11:16:27</p> <p>5 the statement that the risk of addiction is 11:16:30</p> <p>6 rare? 11:16:32</p> <p>7 MR. O'CONNOR: Objection. 11:16:33</p> <p>8 THE WITNESS: As is presented 11:16:34</p> <p>9 in this piece, I'm only aware of that 11:16:37</p> <p>10 one that's referenced as the footnote 11:16:40</p> <p>11 as the reference source. 11:16:42</p> <p>12 QUESTIONS BY MR. KAWAMOTO: 11:16:42</p> <p>13 Q. Moving beyond this piece and 11:16:43</p> <p>14 taking that -- just taking the statement "the 11:16:45</p> <p>15 risk of addiction is rare," are you aware of 11:16:47</p> <p>16 any medical or scientific studies that 11:16:50</p> <p>17 support that statement? 11:16:54</p> <p>18 A. I have not -- I have not been 11:16:55</p> <p>19 briefed on any additional documents that 11:17:02</p> <p>20 would be supportive of that document. I'm 11:17:03</p> <p>21 not aware of it, but I'm not saying that they 11:17:05</p> <p>22 don't. I've not seen it. 11:17:07</p> <p>23 Q. But in the course of preparing 11:17:08</p> <p>24 for this 30(b)(6) deposition and in the 11:17:09</p> <p>25 course of preparing for these topics, you are 11:17:13</p>	<p>1 A. I do. 11:21:01</p> <p>2 Q. Could you please read those 11:21:02</p> <p>3 first two sentences into the record? 11:21:04</p> <p>4 A. "It is currently recommended 11:21:08</p> <p>5 that every chronic pain patient suffering 11:21:12</p> <p>6 from moderate to severe pain be viewed as a 11:21:14</p> <p>7 potential candidate for opioid therapy. The 11:21:19</p> <p>8 only issue concerns when the patient should 11:21:21</p> <p>9 be prescribed an opioid." 11:21:25</p> <p>10 Q. Okay. Does Mallinckrodt agree 11:21:28</p> <p>11 with that statement? 11:21:30</p> <p>12 MR. O'CONNOR: Objection. 11:21:31</p> <p>13 THE WITNESS: I would have no 11:21:32</p> <p>14 reason to suspect why we would not. 11:21:34</p> <p>15 QUESTIONS BY MR. KAWAMOTO: 11:21:35</p> <p>16 Q. Okay. And what are the medical 11:21:36</p> <p>17 and/or scientific studies that support that 11:21:42</p> <p>18 statement? 11:21:44</p> <p>19 A. I would have to defer to 11:21:46</p> <p>20 Dr. Argoff and Dr. Galer in their research 11:21:48</p> <p>21 and -- though it's not available here in this 11:21:51</p> <p>22 excerpt, but there would be an index or a 11:21:57</p> <p>23 listing of their references. 11:22:01</p> <p>24 Q. So Mallinckrodt didn't take any 11:22:02</p> <p>25 other independent review to ensure the 11:22:05</p>
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<p>1 not aware of any scientific or medical 11:17:15</p> <p>2 studies that support the -- that statement, 11:17:18</p> <p>3 "the risk of addiction is rare," other than 11:17:21</p> <p>4 what you've identified for me, which is the 11:17:24</p> <p>5 public policy statement; is that accurate? 11:17:27</p> <p>6 MR. O'CONNOR: Objection. 11:17:28</p> <p>7 THE WITNESS: Top of mind, no, 11:17:28</p> <p>8 I'm not aware of any other documents. 11:17:34</p> <p>9 (Mallinckrodt-Webb Exhibit 16 11:18:37</p> <p>10 marked for identification.) 11:18:38</p> <p>11 QUESTIONS BY MR. KAWAMOTO: 11:18:38</p> <p>12 Q. Okay. So I've handed you 11:18:46</p> <p>13 Exhibit 16, which is an excerpt of the Defeat 11:18:49</p> <p>14 Chronic Pain Now book, which we've discussed 11:18:54</p> <p>15 previously. 11:18:55</p> <p>16 And because it's an excerpt, 11:18:57</p> <p>17 it's obviously not the full book, so please 11:19:07</p> <p>18 take the time you need to review the excerpt 11:19:13</p> <p>19 that I've provided you. 11:19:15</p> <p>20 A. Okay. 11:20:36</p> <p>21 Q. Okay. So directing your 11:20:37</p> <p>22 attention to page 174. 11:20:47</p> <p>23 Do you see the very top of the 11:20:57</p> <p>24 paragraph right underneath "who is 11:20:58</p> <p>25 appropriate for opioid medication"? 11:21:00</p>	<p>1 accuracy of this statement other than 11:22:09</p> <p>2 whatever basis Dr. Galer -- Dr. Galer and 11:22:12</p> <p>3 Dr. Argoff had? 11:22:20</p> <p>4 MR. O'CONNOR: Yeah, objection 11:22:21</p> <p>5 to scope. Outside the scope. 11:22:22</p> <p>6 Can you let us know which 11:22:24</p> <p>7 one -- which topic? 11:22:26</p> <p>8 MR. KAWAMOTO: Sure, this would 11:22:28</p> <p>9 be Topic 30, which I believe is -- 11:22:29</p> <p>10 MR. O'CONNOR: No, I see it. 11:22:34</p> <p>11 I think this question is 11:22:36</p> <p>12 outside the scope. 11:22:37</p> <p>13 MR. KAWAMOTO: Okay. 11:22:38</p> <p>14 MR. O'CONNOR: But go ahead, 11:22:39</p> <p>15 answer as best you can. 11:22:40</p> <p>16 THE WITNESS: This piece would 11:22:42</p> <p>17 have been reviewed by our medical 11:22:44</p> <p>18 team. 11:22:45</p> <p>19 QUESTIONS BY MR. KAWAMOTO: 11:22:46</p> <p>20 Q. And what would that review have 11:22:48</p> <p>21 entailed? 11:22:51</p> <p>22 MR. O'CONNOR: Objection to 11:22:51</p> <p>23 scope. 11:22:54</p> <p>24 You can answer as best you can. 11:22:54</p> <p>25 THE WITNESS: We would have had 11:22:57</p>

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<p>1 a health care professional review this 11:22:58</p> <p>2 piece and, to the best of their 11:22:59</p> <p>3 ability, agree with the clinical 11:23:02</p> <p>4 content. 11:23:04</p> <p>5 QUESTIONS BY MR. KAWAMOTO: 11:23:04</p> <p>6 Q. Okay. But based on your 11:23:04</p> <p>7 review -- well, based on your preparation for 11:23:09</p> <p>8 this topic, Topic 30, and your personal 11:23:12</p> <p>9 knowledge, you cannot identify any medical 11:23:16</p> <p>10 studies or scientific studies that support 11:23:21</p> <p>11 the statement you just read into the record; 11:23:24</p> <p>12 is that accurate? 11:23:26</p> <p>13 MR. O'CONNOR: Objection. 11:23:27</p> <p>14 THE WITNESS: I cannot name 11:23:27</p> <p>15 them off the top of my head, but nor 11:23:30</p> <p>16 have I been able to see them as they 11:23:32</p> <p>17 would be as a reference for Dr. Galer 11:23:34</p> <p>18 or Dr. Argoff. 11:23:36</p> <p>19 QUESTIONS BY MR. KAWAMOTO: 11:23:37</p> <p>20 Q. Okay. Well -- and this 11:23:38</p> <p>21 statement doesn't appear to have any 11:23:42</p> <p>22 reference or footnote attributed to it, does 11:23:44</p> <p>23 it, sir? 11:23:46</p> <p>24 A. I do not see one. 11:23:47</p> <p>25 MR. O'CONNOR: Objection. 11:23:49</p>	<p>1 A. Just that one sentence? 11:24:44</p> <p>2 Q. Yes, please. 11:24:45</p> <p>3 A. "When chronic pain patients 11:24:46</p> <p>4 take opioids to treat their pain, they rarely 11:24:48</p> <p>5 develop a true addiction and drug craving." 11:24:50</p> <p>6 Q. Does Mallinckrodt agree with 11:24:53</p> <p>7 that statement? 11:24:55</p> <p>8 A. I have no reason to suspect 11:24:56</p> <p>9 that we would not agree with it. 11:24:57</p> <p>10 Q. And based on your preparation 11:25:00</p> <p>11 for Topic Number 30 and your personal 11:25:02</p> <p>12 knowledge, can you identify any scientific or 11:25:05</p> <p>13 medical studies that support that statement? 11:25:09</p> <p>14 Strike that. 11:25:12</p> <p>15 Based on your preparation for 11:25:12</p> <p>16 this topic and your personal knowledge, can 11:25:14</p> <p>17 Mallinckrodt identify any scientific or 11:25:16</p> <p>18 medical studies that support that statement? 11:25:19</p> <p>19 MR. O'CONNOR: Objection. 11:25:20</p> <p>20 THE WITNESS: For that point, I 11:25:21</p> <p>21 would have to -- I'm not aware. I 11:25:25</p> <p>22 would have to defer to our medical 11:25:27</p> <p>23 affairs or clinical team. 11:25:28</p> <p>24 QUESTIONS BY MR. KAWAMOTO: 11:25:33</p> <p>25 Q. Okay. Can you turn to 11:25:36</p>
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<p>1 Objection. 11:23:51</p> <p>2 That's all right. 11:23:51</p> <p>3 QUESTIONS BY MR. KAWAMOTO: 11:23:52</p> <p>4 Q. I'm sorry, what -- 11:23:53</p> <p>5 A. No, I don't see a reference for 11:23:53</p> <p>6 that particular statement. 11:23:56</p> <p>7 Q. Thank you. 11:23:57</p> <p>8 So directing your attention to 11:24:08</p> <p>9 page 176. 11:24:11</p> <p>10 A. Okay. 11:24:17</p> <p>11 Q. Do you see the sentence in the 11:24:18</p> <p>12 middle of the second paragraph that states -- 11:24:21</p> <p>13 that starts with, "When chronic pain"? 11:24:25</p> <p>14 MR. O'CONNOR: Which side of 11:24:31</p> <p>15 the page are you on? 11:24:33</p> <p>16 MR. KAWAMOTO: Page 176, the 11:24:33</p> <p>17 text. 11:24:35</p> <p>18 MR. O'CONNOR: On the right 11:24:35</p> <p>19 side? 11:24:39</p> <p>20 MR. KAWAMOTO: The right side. 11:24:39</p> <p>21 THE WITNESS: Yes, I do, "when 11:24:39</p> <p>22 chronic pain." 11:24:42</p> <p>23 QUESTIONS BY MR. KAWAMOTO: 11:24:42</p> <p>24 Q. Can you please read that 11:24:43</p> <p>25 statement into the record? 11:24:44</p>	<p>1 page 177? 11:25:37</p> <p>2 Do you see the paragraph that 11:25:46</p> <p>3 begins with "the bottom line"? 11:25:48</p> <p>4 A. Uh-huh. 11:25:50</p> <p>5 Q. Can you please read that into 11:25:51</p> <p>6 the record? 11:25:53</p> <p>7 A. "The bottom line: Only rarely 11:25:53</p> <p>8 does opioid medication cause a true addiction 11:25:58</p> <p>9 when prescribed appropriately to a chronic 11:26:01</p> <p>10 pain patient who does not have a prior 11:26:05</p> <p>11 history of addiction." 11:26:07</p> <p>12 Q. Does Mallinckrodt agree with 11:26:09</p> <p>13 that statement? 11:26:10</p> <p>14 A. I would have no reason to 11:26:12</p> <p>15 suspect we would -- we would not disagree -- 11:26:14</p> <p>16 or we would not agree. 11:26:17</p> <p>17 Q. And can you identify any 11:26:18</p> <p>18 scientific or medical studies that support 11:26:20</p> <p>19 that statement? 11:26:22</p> <p>20 A. I am not aware of any, but I 11:26:23</p> <p>21 would have to refer to our -- defer to our 11:26:25</p> <p>22 clinical team. 11:26:28</p> <p>23 Q. On the next -- on the last page 11:26:29</p> <p>24 of this excerpt, there is a Q&A with 11:26:32</p> <p>25 Dr. Argoff and Dr. Galer. 11:26:34</p>

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<p>1 Do you see that? 11:26:38</p> <p>2 A. I do. 11:26:38</p> <p>3 Q. And do you see the very last 11:26:39</p> <p>4 paragraph that starts with "here are the 11:26:40</p> <p>5 facts"? 11:26:41</p> <p>6 A. I do. 11:26:42</p> <p>7 Q. Can you please read that into 11:26:42</p> <p>8 the record? 11:26:43</p> <p>9 A. The entire paragraph? 11:26:44</p> <p>10 Q. Yes, please. 11:26:45</p> <p>11 A. "Here are the facts: It is 11:26:46</p> <p>12 very uncommon for a person with chronic pain 11:26:49</p> <p>13 to become addicted to narcotics if, 11:26:51</p> <p>14 parentheses, 1, he doesn't have prior history 11:26:55</p> <p>15 of any addiction, and in parentheses, 2, 11:26:59</p> <p>16 number 2, he only takes the medication to 11:27:03</p> <p>17 treat pain. Studies have shown that chronic 11:27:06</p> <p>18 pain patients can experience significant pain 11:27:09</p> <p>19 relief with tolerable side effects from 11:27:12</p> <p>20 opioid narcotic medication when taken daily 11:27:17</p> <p>21 and no addiction. We definitely would try 11:27:20</p> <p>22 this type of treatment for our patients in 11:27:23</p> <p>23 your situation." 11:27:25</p> <p>24 Q. Does Mallinckrodt agree with 11:27:27</p> <p>25 that statement? 11:27:28</p>	<p>1 THE WITNESS: Answer? 11:28:26</p> <p>2 MR. O'CONNOR: You can go ahead 11:28:29</p> <p>3 based on what you know. 11:28:30</p> <p>4 THE WITNESS: We made it 11:28:31</p> <p>5 available for distribution. 11:28:33</p> <p>6 QUESTIONS BY MR. KAWAMOTO: 11:28:34</p> <p>7 Q. And are you aware of any 11:28:35</p> <p>8 medical or scientific studies that support 11:28:36</p> <p>9 that statement, that paragraph? 11:28:38</p> <p>10 MR. O'CONNOR: Objection. It's 11:28:40</p> <p>11 outside the scope. 11:28:43</p> <p>12 THE WITNESS: I personally am 11:28:43</p> <p>13 not aware. 11:28:46</p> <p>14 QUESTIONS BY MR. KAWAMOTO: 11:28:47</p> <p>15 Q. Now, if I could direct your 11:28:49</p> <p>16 attention to Exhibit 12 again. 11:29:12</p> <p>17 A. Okay. 11:29:24</p> <p>18 Q. And this is the slide -- and I 11:29:25</p> <p>19 would like to direct your attention to page 3 11:29:28</p> <p>20 of this PowerPoint and the slide that says 11:29:29</p> <p>21 "Positioning Statement." 11:29:34</p> <p>22 Do you see that? 11:29:36</p> <p>23 A. I do. 11:29:36</p> <p>24 Q. In particular, do you see the 11:29:36</p> <p>25 bullet point that begins with "that"? 11:29:38</p>
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<p>1 A. I would have no reason to 11:27:30</p> <p>2 suspect we would not, but I would add that, 11:27:35</p> <p>3 you know, this is a physician giving advice 11:27:38</p> <p>4 to a patient, so I -- I think this situation 11:27:40</p> <p>5 might be a little bit unique. 11:27:43</p> <p>6 Q. Well, unique in what way, sir? 11:27:45</p> <p>7 A. Well, I mean, it's a Q&A advice 11:27:48</p> <p>8 provided by two physicians to a hypothetical 11:27:50</p> <p>9 patient. 11:27:53</p> <p>10 But I would -- again, I would 11:27:58</p> <p>11 defer to our clinical team whether they would 11:27:59</p> <p>12 agree with that statement or not. 11:28:03</p> <p>13 Q. Okay. But to be clear for the 11:28:04</p> <p>14 record, this is -- this is included in the 11:28:06</p> <p>15 Defeat Chronic Pain Now publication, correct? 11:28:09</p> <p>16 A. Correct. 11:28:11</p> <p>17 Q. And that was a publication that 11:28:11</p> <p>18 Mallinckrodt reviewed, correct? 11:28:12</p> <p>19 A. Correct. 11:28:14</p> <p>20 Q. And that's a publication that 11:28:14</p> <p>21 Mallinckrodt recommended be distributed by 11:28:16</p> <p>22 health care providers to their patients; is 11:28:19</p> <p>23 that correct? 11:28:22</p> <p>24 MR. O'CONNOR: Objection. It's 11:28:22</p> <p>25 outside the scope and to form. 11:28:25</p>	<p>1 A. I do. 11:29:40</p> <p>2 Q. Can you please read that into 11:29:40</p> <p>3 the record? 11:29:41</p> <p>4 A. It reads, "That provides 11:29:43</p> <p>5 fast-acting and long-lasting pain relief 11:29:46</p> <p>6 without concerns about abuse." 11:29:48</p> <p>7 Q. Okay. I assume that is a 11:29:51</p> <p>8 statement that Mallinckrodt would agree with 11:29:53</p> <p>9 as that is its positioning statement for -- I 11:29:56</p> <p>10 believe it's Xartemis, correct? 11:30:00</p> <p>11 MR. O'CONNOR: Objection. 11:30:03</p> <p>12 THE WITNESS: I would not 11:30:04</p> <p>13 suspect a reason why we would not 11:30:04</p> <p>14 disagree -- or we would not agree with 11:30:06</p> <p>15 that. 11:30:07</p> <p>16 QUESTIONS BY MR. KAWAMOTO: 11:30:07</p> <p>17 Q. What are the scientific or 11:30:08</p> <p>18 medical studies that support that statement? 11:30:10</p> <p>19 MR. O'CONNOR: Objection to 11:30:13</p> <p>20 scope and form. 11:30:17</p> <p>21 THE WITNESS: I would have to 11:30:18</p> <p>22 defer to the author that put this 11:30:19</p> <p>23 slide deck together. I don't know 11:30:21</p> <p>24 where that information would have been 11:30:23</p> <p>25 taken from, but without having the 11:30:26</p>

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<p>1 context of how it was derived. 11:30:27</p> <p>2 QUESTIONS BY MR. KAWAMOTO: 11:30:29</p> <p>3 Q. Well, are you aware of any 11:30:30</p> <p>4 scientific or medical studies that support 11:30:32</p> <p>5 the statement that Xartemis provides 11:30:34</p> <p>6 fast-acting and long-lasting pain relief 11:30:37</p> <p>7 without concerns about abuse? 11:30:39</p> <p>8 MR. O'CONNOR: Objection. 11:30:41</p> <p>9 THE WITNESS: Off the top of my 11:30:42</p> <p>10 head, no, I'm not. 11:30:42</p> <p>11 QUESTIONS BY MR. KAWAMOTO: 11:30:44</p> <p>12 Q. So I would like to move now to 11:31:07</p> <p>13 Topic 25, and please feel free to consult the 11:31:10</p> <p>14 deposition notice if you want to see what 11:31:14</p> <p>15 that topic is. 11:31:16</p> <p>16 A. Okay. 11:31:22</p> <p>17 (Mallinckrodt-Webb Exhibit 17 11:31:37</p> <p>18 marked for identification.) 11:31:38</p> <p>19 QUESTIONS BY MR. KAWAMOTO: 11:31:38</p> <p>20 Q. I would like to mark this as 11:31:39</p> <p>21 Exhibit 17. 11:31:40</p> <p>22 So this is an e-mail chain 11:31:41</p> <p>23 Bates numbered MNK-T1_4204631. 11:32:14</p> <p>24 A. Uh-huh, yes. 11:32:27</p> <p>25 Q. Okay. And do you see the top 11:32:28</p>	<p>1 MR. O'CONNOR: Objection. 11:33:34</p> <p>2 THE WITNESS: I'm trying to 11:33:34</p> <p>3 read, let's see, the article itself, 11:33:37</p> <p>4 as far as the JAMA of Psychiatry. 11:33:39</p> <p>5 Uh-huh. 11:34:02</p> <p>6 QUESTIONS BY MR. KAWAMOTO: 11:34:03</p> <p>7 Q. Okay. And to sort of try to 11:34:03</p> <p>8 trace this -- the e-mail chain, the bottom 11:34:04</p> <p>9 e-mail is an e-mail from you where you say, 11:34:09</p> <p>10 "Gents, in follow-up to our discussion last 11:34:12</p> <p>11 night, new article published in JAMA of 11:34:15</p> <p>12 Psychiatry shows jump in heroin use with 11:34:17</p> <p>13 white suburbanites. Speaks as to why the 11:34:18</p> <p>14 state legislators are now clamoring for a 11:34:21</p> <p>15 solution. Interesting that New York unveiled 11:34:24</p> <p>16 25 bills to manage heroin increase." 11:34:26</p> <p>17 Do you see that? 11:34:28</p> <p>18 A. I do. 11:34:28</p> <p>19 Q. Okay. The next sentence says, 11:34:29</p> <p>20 "While last evening during dinner we were 11:34:32</p> <p>21 discussing the importance of increasing 11:34:35</p> <p>22 access, may be a win is just keeping the 11:34:38</p> <p>23 riders off that limit a physician to how many 11:34:40</p> <p>24 days they can prescribe for." 11:34:42</p> <p>25 So that indicates that 11:34:43</p>
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<p>1 that says, "We'll need to be creative. 11:32:30</p> <p>2 Stopping prescription limits will be a long 11:32:34</p> <p>3 shot." 11:32:35</p> <p>4 That's an e-mail from Derek 11:32:36</p> <p>5 Naten to yourself? 11:32:37</p> <p>6 A. Correct. 11:32:39</p> <p>7 Q. Who is Derek Naten? 11:32:39</p> <p>8 A. Derek at the time was -- let's 11:32:42</p> <p>9 see, when was this written, the date? 2014, 11:32:45</p> <p>10 he was my boss. 11:32:48</p> <p>11 Q. Okay. And so Mallinckrodt was 11:32:49</p> <p>12 opposed to prescription limits; is that 11:32:52</p> <p>13 correct? 11:32:56</p> <p>14 MR. O'CONNOR: Objection. 11:32:56</p> <p>15 THE WITNESS: We've never, to 11:32:57</p> <p>16 my knowledge, acted or engaged to 11:33:05</p> <p>17 anything to suggest that we would try 11:33:09</p> <p>18 to limit prescribing behavior of 11:33:10</p> <p>19 physicians. 11:33:13</p> <p>20 QUESTIONS BY MR. KAWAMOTO: 11:33:23</p> <p>21 Q. I'm sorry, I'm a little unclear 11:33:23</p> <p>22 with your testimony because the -- the 11:33:25</p> <p>23 prescription limits would be legislation that 11:33:27</p> <p>24 would place limitations on prescribing 11:33:31</p> <p>25 behavior, correct? 11:33:33</p>	<p>1 Mallinckrodt is opposed to riders that would 11:34:44</p> <p>2 limit a physician with respect to how many 11:34:48</p> <p>3 days they can prescribe for; is that 11:34:50</p> <p>4 accurate? 11:34:52</p> <p>5 MR. O'CONNOR: Objection. 11:34:52</p> <p>6 THE WITNESS: I would -- the 11:34:53</p> <p>7 statement is more of an internal 11:34:57</p> <p>8 discussion of -- for discussion point. 11:34:58</p> <p>9 We never acted on anything at a 11:35:02</p> <p>10 lobbying level to suggest that we were 11:35:05</p> <p>11 trying to prevent physicians from 11:35:06</p> <p>12 prescribing. 11:35:08</p> <p>13 QUESTIONS BY MR. KAWAMOTO: 11:35:08</p> <p>14 Q. But your internal view is that 11:35:09</p> <p>15 Mallinckrodt was opposed to prescription 11:35:11</p> <p>16 limits? 11:35:15</p> <p>17 MR. O'CONNOR: Objection. 11:35:15</p> <p>18 THE WITNESS: I would have to 11:35:16</p> <p>19 look at this in the context, though, 11:35:17</p> <p>20 of the articles. 11:35:19</p> <p>21 We never acted on any of that. 11:35:21</p> <p>22 QUESTIONS BY MR. KAWAMOTO: 11:35:23</p> <p>23 Q. Well, regardless of whether 11:35:25</p> <p>24 Mallinckrodt acted on it -- well, strike 11:35:28</p> <p>25 that. 11:35:32</p>

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1	So when Derek Naten says,	11:35:32	1	(Mallinckrodt-Webb Exhibit 18	11:37:40
2	"We'll need to be creative. Stopping	11:35:34	2	marked for identification.)	11:37:41
3	prescription limits will be a long shot,"	11:35:36	3	QUESTIONS BY MR. KAWAMOTO:	11:37:41
4	what did he mean by "we'll need to be	11:35:38	4	Q. Okay. So this is an e-mail	11:37:41
5	creative"?	11:35:42	5	chain Bates numbered MNK-T1_867636.	11:38:04
6	MR. O'CONNOR: Objection.	11:35:42	6	A. Okay.	11:39:13
7	THE WITNESS: I don't know.	11:35:43	7	Q. So this is an e-mail chain	11:39:13
8	QUESTIONS BY MR. KAWAMOTO:	11:35:44	8	between you and Mike Ybarra.	11:39:14
9	Q. Well, what did you understand	11:35:44	9	Who is Mr. Ybarra?	11:39:17
10	him to mean?	11:35:45	10	A. Dr. Ybarra is at the -- head of	11:39:18
11	A. Well, I would have to -- I	11:35:46	11	the medical affairs team at PhRMA, the trade	11:39:24
12	don't know. I don't know if we've ever	11:35:53	12	group.	11:39:29
13	responded to this e-mail.	11:35:55	13	Q. And what is PhRMA?	11:39:29
14	Q. Okay. Internally why was	11:35:57	14	A. The Pharmaceutical Research	11:39:31
15	Mallinckrodt opposed to prescription limits?	11:36:06	15	Manufacturers Association.	11:39:34
16	Regardless of whether they acted on it, as	11:36:09	16	Q. Would you consider them to be	11:39:34
17	you said, why were they opposed to it?	11:36:12	17	one of the more important trade groups with	11:39:42
18	MR. O'CONNOR: Objection to	11:36:14	18	respect to pharmaceuticals?	11:39:44
19	scope and to form.	11:36:15	19	A. Well, they are the trade	11:39:45
20	THE WITNESS: We were -- we	11:36:17	20	organization for the pharmaceutical industry.	11:39:48
21	were -- we were looking for ways to	11:36:22	21	I would not speculate as to the level of	11:39:51
22	increase access to addiction treatment	11:36:24	22	their importance, though.	11:39:53
23	for those who had a heroin or a	11:36:29	23	Q. And this concerns AMA	11:39:54
24	substance abuse disorder.	11:36:31	24	Resolution 707, does it not?	11:40:01
25	I'm not -- I don't recall any	11:36:34	25	A. This was a cut and paste from	11:40:03
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1	discussions beyond what you're showing	11:36:36	1	Mike to me regarding Resolution 707.	11:40:08
2	me of what we would have done	11:36:38	2	Q. Okay. And PhRMA and	11:40:11
3	otherwise to prevent prescribing	11:36:39	3	Mallinckrodt opposed AMA Resolution 707, did	11:40:15
4	limits on physicians.	11:36:44	4	they not?	11:40:19
5	QUESTIONS BY MR. KAWAMOTO:	11:36:45	5	MR. O'CONNOR: Objection.	11:40:19
6	Q. Now, when you say "increase	11:36:45	6	Form.	11:40:21
7	access to" -- I'm sorry, when you say	11:36:47	7	THE WITNESS: I don't recall to	11:40:21
8	"increase access to addiction treatment,"	11:36:50	8	the extent of Mallinckrodt never	11:40:23
9	would that have including increasing access	11:36:52	9	engaged in this particular issue.	11:40:26
10	to methadone or Methadose?	11:36:54	10	This was -- PhRMA was sending to us,	11:40:29
11	MR. O'CONNOR: Objection.	11:36:56	11	but Mallinckrodt never took a position	11:40:33
12	THE WITNESS: Methadose, to the	11:36:58	12	on this.	11:40:34
13	extent it's being dispensed in an	11:37:00	13	QUESTIONS BY MR. KAWAMOTO:	11:40:35
14	opioid treatment program.	11:37:02	14	Q. So the statement -- well,	11:40:49
15	QUESTIONS BY MR. KAWAMOTO:	11:37:03	15	strike that.	11:40:51
16	Q. Okay. And Mallinckrodt was a	11:37:04	16	So with respect to AMA	11:40:51
17	leading manufacturer of Methadose, was it	11:37:09	17	medical -- I'm sorry, with respect to AMA	11:40:55
18	not?	11:37:11	18	Resolution 707, did Mallinckrodt agree with	11:40:57
19	A. It's a generic product.	11:37:11	19	the resolution?	11:41:00
20	Q. Mallinckrodt -- well, I	11:37:13	20	MR. O'CONNOR: Objection.	11:41:02
21	understand that it's a generic product, but	11:37:17	21	THE WITNESS: I'm not aware if	11:41:03
22	Mallinckrodt was a leading manufacturer of	11:37:19	22	Mallinckrodt ever agreed with it.	11:41:07
23	that generic product, correct?	11:37:21	23	QUESTIONS BY MR. KAWAMOTO:	11:41:08
24	A. We are a manufacturer of that	11:37:23	24	Q. What was the basis for	11:41:09
25	product, yes.	11:37:25	25	Mallinckrodt's disagreement with the	11:41:10

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<p>1 resolution? 11:41:11</p> <p>2 MR. O'CONNOR: Objection. 11:41:12</p> <p>3 THE WITNESS: I'm not -- I 11:41:14</p> <p>4 don't have reason to suspect we agreed 11:41:17</p> <p>5 or disagreed. We never acted on it. 11:41:18</p> <p>6 QUESTIONS BY MR. KAWAMOTO: 11:41:21</p> <p>7 Q. So do you see the part of the 11:41:42</p> <p>8 e-mail where Mike Ybarra says, "Cut and paste 11:41:45</p> <p>9 below are PhRMA activities around drug abuse 11:41:48</p> <p>10 and Resolution 707, which we are opposing. 11:41:51</p> <p>11 Any help reaching out to groups on 707 would 11:41:52</p> <p>12 be much appreciated." 11:41:55</p> <p>13 And in your response to him on 11:41:56</p> <p>14 that point is, "We'll be reaching out to 11:41:58</p> <p>15 groups regarding 707. Are you okay if we put 11:42:00</p> <p>16 your name as contact in the event that they 11:42:03</p> <p>17 have any questions or want to coordinate with 11:42:06</p> <p>18 you if they're attending the AMA conference 11:42:07</p> <p>19 next week?" 11:42:09</p> <p>20 Did I read that accurately? 11:42:10</p> <p>21 A. You did. 11:42:12</p> <p>22 Q. So why are you reaching out to 11:42:13</p> <p>23 groups regarding 707 if you don't agree with 11:42:15</p> <p>24 PhRMA's position on the resolution? 11:42:18</p> <p>25 Strike that. 11:42:20</p>	<p>1 71 percent were due to opioid pain 11:43:40</p> <p>2 relievers." 11:43:43</p> <p>3 Do you disagreement with that 11:43:44</p> <p>4 statement, sir? 11:43:46</p> <p>5 MR. O'CONNOR: Objection. 11:43:47</p> <p>6 QUESTIONS BY MR. KAWAMOTO: 11:43:48</p> <p>7 Q. I'm sorry, strike that. 11:43:48</p> <p>8 Does Mallinckrodt disagree with 11:43:49</p> <p>9 that statement? 11:43:50</p> <p>10 MR. O'CONNOR: Objection to 11:43:50</p> <p>11 form and scope. 11:43:51</p> <p>12 THE WITNESS: The source of 11:43:52</p> <p>13 that statement is the CDC. I have no 11:43:55</p> <p>14 reason to suspect that we would 11:43:56</p> <p>15 disagree with it. 11:43:58</p> <p>16 QUESTIONS BY MR. KAWAMOTO: 11:43:59</p> <p>17 Q. Okay. Well, what about the 11:43:59</p> <p>18 statement above that, "Whereas there has been 11:44:01</p> <p>19 an explosion of opioid use and abuse in the 11:44:03</p> <p>20 United States, and this increase in the this 11:44:06</p> <p>21 use and abuse of the pain medications closely 11:44:07</p> <p>22 mirrors the broad and diffuse promulgation of 11:44:09</p> <p>23 pain as the fifth vital sign, which became a 11:44:12</p> <p>24 Joint Commission standard in 2001." 11:44:14</p> <p>25 Does Mallinckrodt disagree with 11:44:16</p>
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<p>1 Why are you reaching out to 11:42:20</p> <p>2 groups regarding 707 if you don't agree with 11:42:21</p> <p>3 PhRMA's opposition to Resolution 707? 11:42:25</p> <p>4 MR. O'CONNOR: Objection. 11:42:28</p> <p>5 Form. 11:42:29</p> <p>6 THE WITNESS: Well, the 11:42:29</p> <p>7 statement above also reads, "We're 11:42:30</p> <p>8 vetting internally." 11:42:33</p> <p>9 So I do not recall if we ever 11:42:36</p> <p>10 reached out to any of these other 11:42:38</p> <p>11 groups as well. 11:42:39</p> <p>12 QUESTIONS BY MR. KAWAMOTO: 11:42:40</p> <p>13 Q. So one of the statements in the 11:43:02</p> <p>14 resolution is "Whereas in 2010, 11:43:03</p> <p>15 16,660 people -- 65 people died from 11:43:08</p> <p>16 opioid-related overdoses, a fourfold increase 11:43:11</p> <p>17 from 1999, when only 4,030 such deaths 11:43:15</p> <p>18 occurred. And further, the number of opioid 11:43:17</p> <p>19 prescriptions written has doubled from 11:43:19</p> <p>20 109 million in 1998 to 259 million in 2012. 11:43:22</p> <p>21 And some authors estimate that there are 12 11:43:25</p> <p>22 deaths annually in the US per a hundred 11:43:28</p> <p>23 thousand patients on opioid medications. And 11:43:31</p> <p>24 further, of the 22,767 deaths in the US 11:43:34</p> <p>25 related to pharmaceutical overdose, more than 11:43:38</p>	<p>1 that statement? 11:44:17</p> <p>2 MR. O'CONNOR: Objection. 11:44:18</p> <p>3 Scope and form. 11:44:19</p> <p>4 THE WITNESS: I would have no 11:44:20</p> <p>5 reason to suspect that Mallinckrodt 11:44:23</p> <p>6 would disagree with that. 11:44:25</p> <p>7 QUESTIONS BY MR. KAWAMOTO: 11:44:26</p> <p>8 Q. Okay. Now, the statement below 11:44:27</p> <p>9 it, "Whereas in the majority of cases, pain 11:44:29</p> <p>10 is a symptom of underlying pathology and not 11:44:32</p> <p>11 a disease itself, further identification and 11:44:34</p> <p>12 treatment of the underlying cause should be 11:44:36</p> <p>13 the focus of care rather than pursuing the 11:44:38</p> <p>14 treatment of pain without primary regard to 11:44:41</p> <p>15 source." 11:44:42</p> <p>16 Do you have any reason to 11:44:43</p> <p>17 believe that Mallinckrodt disagrees with that 11:44:44</p> <p>18 statement? 11:44:47</p> <p>19 MR. O'CONNOR: Objection. Form 11:44:47</p> <p>20 and scope. 11:44:49</p> <p>21 THE WITNESS: I would have to 11:45:00</p> <p>22 defer to our medical professionals, 11:45:01</p> <p>23 but I would have no reason to suspect 11:45:03</p> <p>24 or think why we would disagree with 11:45:05</p> <p>25 it. 11:45:06</p>

<p style="text-align: right;">Page 122</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 11:45:07</p> <p>2 Q. Okay. The next statement is 11:45:07</p> <p>3 "Whereas the push to the public that all pain 11:45:08</p> <p>4 is bad and should be managed to the point of 11:45:08</p> <p>5 eradication or total resolution has led to 11:45:16</p> <p>6 inappropriate pain management practices by 11:45:17</p> <p>7 clinicians and demand by patients, and 11:45:19</p> <p>8 whereas by pushing pain as a fifth vital 11:45:22</p> <p>9 sign, the medical culture has been changed by 11:45:24</p> <p>10 altering physician, but more importantly, 11:45:28</p> <p>11 patient behavior, and this increased focus on 11:45:30</p> <p>12 pain and its eradication has led to the 11:45:32</p> <p>13 diffuse overuse of opioids." 11:45:35</p> <p>14 Does Mallinckrodt agree with 11:45:38</p> <p>15 that statement? 11:45:40</p> <p>16 MR. O'CONNOR: Objection to 11:45:40</p> <p>17 scope and form. 11:45:42</p> <p>18 THE WITNESS: I would not know. 11:45:43</p> <p>19 I would not know if we would -- I do 11:45:44</p> <p>20 not have a reason to suspect, but I 11:45:46</p> <p>21 would have to defer and research that 11:45:48</p> <p>22 more. 11:45:50</p> <p>23 QUESTIONS BY MR. KAWAMOTO: 11:45:50</p> <p>24 Q. Okay. But based on your 11:45:51</p> <p>25 preparation for Topic Number 25 and your 11:45:59</p>	<p style="text-align: right;">Page 124</p> <p>1 A. Yes. 11:48:55</p> <p>2 Q. And do you see the part where 11:48:55</p> <p>3 it says, "Attached is a sign-on letter from 11:48:57</p> <p>4 the US Pain Foundation expressing support for 11:48:59</p> <p>5 efforts to improve the quality of VA pain 11:49:01</p> <p>6 care and the need for patient-centered, 11:49:04</p> <p>7 individualized interdisciplinary, balanced 11:49:06</p> <p>8 treatment options, as well as concerns about 11:49:09</p> <p>9 the need for updating the current VA 11:49:11</p> <p>10 standards and the required adoption of the 11:49:13</p> <p>11 draft CDC opioid prescribing guidelines." 11:49:14</p> <p>12 With respect to concerns about 11:49:19</p> <p>13 the draft CDC -- well, taking a step back. 11:49:20</p> <p>14 Do you know if Mallinckrodt 11:49:25</p> <p>15 signed this letter? 11:49:26</p> <p>16 A. I'm not aware. 11:49:26</p> <p>17 Q. Did Mallinckrodt have concerns 11:49:28</p> <p>18 about the draft CDC opioid prescribing 11:49:31</p> <p>19 guidelines? 11:49:34</p> <p>20 MR. O'CONNOR: Objection. 11:49:34</p> <p>21 Scope and form. 11:49:35</p> <p>22 THE WITNESS: We did not have 11:49:36</p> <p>23 concerns regarding the prescribing 11:49:40</p> <p>24 guidelines. 11:49:42</p> <p>25</p>
<p style="text-align: right;">Page 123</p> <p>1 personal knowledge based on your professional 11:46:02</p> <p>2 responsibilities, you don't have any reason 11:46:05</p> <p>3 to believe that Mallinckrodt disagrees with 11:46:06</p> <p>4 those statements that we just reviewed? 11:46:08</p> <p>5 MR. O'CONNOR: Objection. Form 11:46:10</p> <p>6 and scope. 11:46:11</p> <p>7 THE WITNESS: I would not have 11:46:11</p> <p>8 a reason to suspect we would disagree 11:46:15</p> <p>9 with it. 11:46:16</p> <p>10 (Mallinckrodt-Webb Exhibit 19 11:46:49</p> <p>11 marked for identification.) 11:46:50</p> <p>12 QUESTIONS BY MR. KAWAMOTO: 11:46:50</p> <p>13 Q. Okay. 11:46:50</p> <p>14 A. Okay. 11:48:14</p> <p>15 Q. So this is an e-mail chain 11:48:15</p> <p>16 Bates numbered MNK-T1_866405. 11:48:18</p> <p>17 And I would like to direct your 11:48:25</p> <p>18 attention to the VA task force. It's an 11:48:27</p> <p>19 e-mail from Steven LaPierre dated Tuesday, 11:48:32</p> <p>20 November 24th, and it's in the middle of 11:48:38</p> <p>21 page 866406. 11:48:42</p> <p>22 Do you see that? 11:48:42</p> <p>23 A. I do. 11:48:43</p> <p>24 Q. And do you see the first 11:48:45</p> <p>25 paragraph, sir? 11:48:52</p>	<p style="text-align: right;">Page 125</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 11:49:42</p> <p>2 Q. Okay. So you didn't take -- 11:49:42</p> <p>3 Mallinckrodt did not take any lobbying or 11:49:44</p> <p>4 legislative action to try to modify or change 11:49:50</p> <p>5 the draft prescribing guidelines? 11:49:53</p> <p>6 MR. O'CONNOR: Objection. 11:49:55</p> <p>7 THE WITNESS: We did not. 11:49:56</p> <p>8 QUESTIONS BY MR. KAWAMOTO: 11:49:57</p> <p>9 Q. Okay. The very top e-mail is 11:49:58</p> <p>10 from Mark to you, and it says, "We should 11:50:02</p> <p>11 look at whether the legislation provides us a 11:50:06</p> <p>12 vehicle for pushing MMA." 11:50:08</p> <p>13 What is "MMA"? 11:50:11</p> <p>14 A. MMA stands for multimodal 11:50:12</p> <p>15 analgesia. It is a acronym -- or the science 11:50:15</p> <p>16 behind that is to use pain relievers other 11:50:20</p> <p>17 than opioids. 11:50:23</p> <p>18 Q. Okay. And when he says, "Ray 11:50:25</p> <p>19 may have some thoughts," who is Ray? 11:50:29</p> <p>20 A. Ray would be our federal 11:50:31</p> <p>21 lobbyist in Washington, DC, Ray Downs. 11:50:32</p> <p>22 Q. Thank you. 11:50:36</p> <p>23 (Mallinckrodt-Webb Exhibit 20 11:50:52</p> <p>24 marked for identification.) 11:50:52</p> <p>25</p>

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<p>1 QUESTIONS BY MR. KAWAMOTO: 11:50:52</p> <p>2 Q. I would like to mark this as 11:51:32</p> <p>3 Exhibit 20. 11:51:34</p> <p>4 Okay. So this is an e-mail 11:51:39</p> <p>5 chain between you and Mark and Derek, and 11:51:41</p> <p>6 it's Bates numbered MNK-T1_864164. 11:51:44</p> <p>7 A. Correct. 11:51:52</p> <p>8 Q. At the bottom of this e-mail 11:51:52</p> <p>9 chain there are the CDC draft guidelines for 11:51:54</p> <p>10 opioid prescribing. 11:51:57</p> <p>11 Do you see that? 11:51:57</p> <p>12 A. I do. 11:51:57</p> <p>13 Q. Okay. And just to be clear, 11:51:58</p> <p>14 you agree with -- Mallinckrodt agreed with 11:52:00</p> <p>15 these draft guidelines? 11:52:03</p> <p>16 MR. O'CONNOR: Objection. 11:52:05</p> <p>17 THE WITNESS: We -- we had no 11:52:06</p> <p>18 issues with the draft guidelines. We 11:52:09</p> <p>19 saw an opportunity to include more -- 11:52:14</p> <p>20 an opportunity to include more 11:52:18</p> <p>21 regarding MMA, multi-modal approach. 11:52:19</p> <p>22 QUESTIONS BY MR. KAWAMOTO: 11:52:24</p> <p>23 Q. Okay. But for example, the 11:52:26</p> <p>24 first paragraph for the draft guidelines is, 11:52:26</p> <p>25 "Nonpharmacological therapy and non opioid 11:52:27</p>	<p>1 "Before starting and periodically during 11:53:07</p> <p>2 opioid therapy, providers should discuss with 11:53:09</p> <p>3 patients risks and realistic benefits of 11:53:12</p> <p>4 opioid therapy and patient and provider 11:53:15</p> <p>5 responsibilities for managing therapy." 11:53:16</p> <p>6 Mallinckrodt agrees with that 11:53:19</p> <p>7 statement? 11:53:24</p> <p>8 MR. O'CONNOR: Objection. 11:53:24</p> <p>9 THE WITNESS: Yes. 11:53:24</p> <p>10 QUESTIONS BY MR. KAWAMOTO: 11:53:26</p> <p>11 Q. Underneath that it says, "When 11:53:26</p> <p>12 starting opioid therapy, providers should 11:53:26</p> <p>13 prescribe short-acting opioids instead of 11:53:28</p> <p>14 extended release, long-acting opioids." 11:53:29</p> <p>15 That's a statement Mallinckrodt 11:53:32</p> <p>16 agrees with? 11:53:33</p> <p>17 MR. O'CONNOR: Objection. 11:53:34</p> <p>18 Scope of this whole line and objection 11:53:35</p> <p>19 to form. 11:53:37</p> <p>20 THE WITNESS: Yes, I would -- 11:53:38</p> <p>21 yes, I would agree with that. 11:53:40</p> <p>22 QUESTIONS BY MR. KAWAMOTO: 11:53:42</p> <p>23 Q. Okay. Underneath that it says, 11:53:42</p> <p>24 "When opioids are started, providers should 11:53:48</p> <p>25 prescribe the lowest possible effective 11:53:50</p>
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<p>1 pharmacological therapy are preferred for 11:52:30</p> <p>2 chronic pain. Providers should only consider 11:52:32</p> <p>3 aiding opioid therapy if expected benefits 11:52:34</p> <p>4 for both pain and function are anticipated to 11:52:36</p> <p>5 outweigh risks." 11:52:38</p> <p>6 Mallinckrodt agrees with that 11:52:40</p> <p>7 statement? 11:52:42</p> <p>8 A. Yes. 11:52:42</p> <p>9 MR. O'CONNOR: Objection. 11:52:43</p> <p>10 QUESTIONS BY MR. KAWAMOTO: 11:52:43</p> <p>11 Q. Okay. And then underneath that 11:52:44</p> <p>12 it says, "Before starting long-term opioid 11:52:45</p> <p>13 therapy, providers should establish treatment 11:52:47</p> <p>14 goals with all patients, including realistic 11:52:50</p> <p>15 goals for pain and function. Providers 11:52:53</p> <p>16 should continue opioid therapy only if 11:52:55</p> <p>17 there's clinically meaningful improvement in 11:52:57</p> <p>18 pain and function that outweighs risk to 11:52:59</p> <p>19 patient safety." 11:53:02</p> <p>20 Mallinckrodt agrees with that 11:53:03</p> <p>21 statement? 11:53:05</p> <p>22 MR. O'CONNOR: Objection. 11:53:06</p> <p>23 THE WITNESS: Correct. 11:53:06</p> <p>24 QUESTIONS BY MR. KAWAMOTO: 11:53:06</p> <p>25 Q. Underneath that it says, 11:53:07</p>	<p>1 dosage. Providers should implement 11:53:52</p> <p>2 additional precautions when increasing dosage 11:53:54</p> <p>3 to 50 or greater milligrams per day in 11:53:56</p> <p>4 morphine equivalence and should avoid 11:53:58</p> <p>5 increasing dosages to 90 or greater 11:54:00</p> <p>6 milligrams per day in morphine equivalence." 11:54:03</p> <p>7 That's a statement that 11:54:06</p> <p>8 Mallinckrodt agrees with? 11:54:07</p> <p>9 MR. O'CONNOR: Objection to 11:54:08</p> <p>10 scope. 11:54:09</p> <p>11 THE WITNESS: I would have no 11:54:10</p> <p>12 reason to suspect we would not. 11:54:11</p> <p>13 QUESTIONS BY MR. KAWAMOTO: 11:54:12</p> <p>14 Q. Okay. Now, the statement 11:54:12</p> <p>15 that's paragraph number 6, "Long-term opioid 11:54:26</p> <p>16 use often begins with treatment of acute 11:54:29</p> <p>17 pain. When opioids are used for acute pain, 11:54:31</p> <p>18 providers should prescribe the lowest 11:54:33</p> <p>19 effective dose of short-acting opioids and 11:54:35</p> <p>20 should prescribe no greater quantity than 11:54:37</p> <p>21 needed for the expected duration of pain 11:54:39</p> <p>22 severe enough to require opioids. Three or 11:54:42</p> <p>23 four -- three or fewer days will usually be 11:54:44</p> <p>24 sufficient for nontraumatic pain not related 11:54:46</p> <p>25 to major surgery." 11:54:49</p>

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1 That's a statement that 11:54:50
2 Mallinckrodt agrees with? 11:54:51
3 MR. O'CONNOR: Objection. 11:54:52
4 Scope and form. 11:54:53
5 THE WITNESS: I have no reason 11:54:54
6 to suspect we would not. 11:54:55
7 MR. KAWAMOTO: Could we quickly 11:54:59
8 go off the record? 11:55:09
9 VIDEOGRAPHER: We're going off 11:55:10
10 the record at 11:55 a.m. 11:55:11
11 (Off the record at 11:55 a.m.) 11:55:12
12 VIDEOGRAPHER: We're back on 12:13:09
13 the record at 12:13 p.m. 12:13:12
14 QUESTIONS BY MR. KAWAMOTO: 12:13:13
15 Q. So, Mr. Webb, we had spoke 12:13:15
16 earlier about various medical and scientific 12:13:18
17 studies, and so I just want to make sure that 12:13:20
18 the record is clear. 12:13:23
19 Topic 30 states, "whether from 12:13:26
20 2007 onward, you or anyone on your behalf or 12:13:29
21 any trade organization, group or professional 12:13:32
22 association of which you were a member or 12:13:33
23 sponsor made any of the following 12:13:35
24 representations or similar statements through 12:13:38
25 either branded or unbranded marketing. And 12:13:40

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1 if the answer is yes, the specific basis for 12:13:42
2 each such representation or statement. And 12:13:44
3 these include, A, the risk of addiction from 12:13:47
4 chronic opioid therapy is low; to the extent 12:13:49
5 there is a risk of addiction, it can be 12:13:52
6 easily identified and managed; signs of 12:13:54
7 addictive behavior or pseudoaddiction 12:13:56
8 requiring more opioids; opioid withdrawal can 12:13:59
9 be avoided by tapering; opioid doses can be 12:14:02
10 increased without limit of greater risk; 12:14:03
11 long-term opioid use includes functioning; 12:14:06
12 alternative forms of pain relief pose greater 12:14:10
13 risk than opioids; and new formulations of 12:14:11
14 certain opioids successfully deter abuse." 12:14:13
15 And you've been designated by 12:14:16
16 Mallinckrodt to provide testimony on 12:14:18
17 Topic Number 30, which means that you 12:14:20
18 prepared for this topic; is that correct? 12:14:23
19 A. Correct. 12:14:24
20 Q. Okay. And in the course of 12:14:25
21 preparing for this topic, I believe you 12:14:26
22 previously testified that you spoke to your 12:14:29
23 counsel, but that you didn't review any 12:14:31
24 documents relating to this topic. 12:14:33
25 Is that also correct? 12:14:35

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1 A. Well, I -- in the course of 12:14:36
2 meeting with counsel, we reviewed certain 12:14:39
3 documents, but I do not recall which 12:14:40
4 documents they were specifically. 12:14:42
5 Q. Okay. And you don't recall 12:14:45
6 reviewing any documents relating to this 12:14:46
7 topic? 12:14:49
8 A. Nothing comes to mind. 12:14:50
9 Q. So you didn't recall reviewing 12:14:52
10 any documents that were either studies or 12:14:53
11 that made reference to studies relating to 12:14:56
12 these statements identified in 12:14:59
13 Topic Number 30, do you? 12:15:01
14 A. I'm not aware. 12:15:03
15 Q. Okay. 12:15:04
16 A. Or recall. 12:15:04
17 Q. Now, you didn't independently 12:15:05
18 undertake to -- sorry, strike that. 12:15:07
19 You didn't independently 12:15:10
20 attempt to locate documents relating to these 12:15:13
21 topics, including Topic 30, did you? 12:15:15
22 A. You mean did I act on my own to 12:15:18
23 do that? 12:15:20
24 Q. Yes, you didn't undertake any 12:15:21
25 independent efforts to identify documents to 12:15:23

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1 review? 12:15:24
2 A. No. 12:15:24
3 Q. So you relied on your counsel 12:15:25
4 to provide you with the relevant documents? 12:15:26
5 MR. O'CONNOR: Objection. 12:15:29
6 But go ahead. 12:15:31
7 THE WITNESS: Yes, the relevant 12:15:33
8 context. 12:15:34
9 QUESTIONS BY MR. KAWAMOTO: 12:15:34
10 Q. And so if there were documents 12:15:34
11 that related to Topic 30, for example, 12:15:36
12 documents that would provide the specific 12:15:38
13 basis for the various representations or 12:15:40
14 statements below, you would expect counsel to 12:15:42
15 have provided those to you; is that correct? 12:15:44
16 MR. O'CONNOR: Objection. 12:15:46
17 THE WITNESS: Yes, if they're 12:15:47
18 aware of them. 12:15:50
19 QUESTIONS BY MR. KAWAMOTO: 12:16:00
20 Q. Okay. Now, if I could direct 12:16:01
21 your attention back to Exhibit 16. I think 12:16:02
22 it's the Defeat Chronic Pain Now excerpt. 12:16:04
23 And it's page 176. 12:16:20
24 And this is a statement that 12:16:30
25 relates to the risk of addiction. It's, 12:16:32

<p style="text-align: right;">Page 134</p> <p>1 "When chronic pain patients take opioids to 12:16:34 2 treat their pain, they rarely develop a true 12:16:36 3 addiction and drug craving." 12:16:38 4 What is meant by a "true 12:16:41 5 addiction"? 12:16:43 6 A. I'm sorry, where are you at on 12:16:44 7 this page? 12:16:46 8 Q. Sure, it's page 176 and it's 12:16:47 9 the middle paragraph. 12:16:49 10 A. When chronic -- sorry. 12:16:51 11 Q. Yes. 12:16:52 12 The sentence reads, "When 12:16:52 13 chronic pain patients take opioids to treat 12:16:54 14 their pain, they rarely develop a true 12:16:56 15 addiction and drug craving." 12:16:58 16 Do you see that sentence? 12:17:00 17 A. I do. 12:17:00 18 Q. Okay. What is meant by a "true 12:17:01 19 addiction"? 12:17:02 20 MR. O'CONNOR: Objection. 12:17:03 21 THE WITNESS: You know, I would 12:17:07 22 have to -- again, I'm not a clinician. 12:17:09 23 I would have to defer to a health care 12:17:10 24 professional regarding what is 12:17:13 25 considered a true addiction. 12:17:14</p>	<p style="text-align: right;">Page 136</p> <p>1 that individual to take time out of 12:18:34 2 his or her schedule to -- either to 12:18:36 3 conduct an education seminar with 12:18:40 4 other physicians, to -- 12:18:42 5 MR. GIORDANO: Pardon me, 12:18:45 6 counsel, can you move the microphone? 12:18:48 7 The shuffling of papers... 12:18:56 8 THE WITNESS: Okay. We would 12:19:00 9 provide KOLs a rate that would 12:19:03 10 compensate them for taking time for 12:19:07 11 their -- either being out of their 12:19:10 12 practice or for their knowledge and 12:19:11 13 content, their experience of managing 12:19:15 14 pain. 12:19:17 15 QUESTIONS BY MR. KAWAMOTO: 12:19:17 16 Q. So you paid KOLs for giving 12:19:18 17 seminars. 12:19:22 18 Did you ever pay them for doing 12:19:23 19 research? 12:19:25 20 A. I'm not aware of any payments 12:19:26 21 to physicians for research, clinical 12:19:33 22 research. All clinical research would have 12:19:38 23 been handled out of our medical affairs team, 12:19:40 24 and I would imagine -- I don't know how they 12:19:43 25 paid the researchers. I don't know if a 12:19:44</p>
<p style="text-align: right;">Page 135</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 12:17:18 2 Q. Okay. 12:17:18 3 A. So I... 12:17:18 4 Q. So I would like now to cover 12:17:34 5 Topic Number 24. And Topic Number 24 deals 12:17:50 6 with "all direct or indirect donations or 12:17:52 7 payments concerning opioids or opioid 12:17:55 8 products to lobbyists, persons or entities 12:17:57 9 named in the complaint or persons who 12:18:00 10 disseminated information about prescription 12:18:02 11 opioids to prescribers or the public on your 12:18:04 12 behalf and the identity of all persons 12:18:06 13 responsible for such donations or payments." 12:18:09 14 Are you familiar with the term 12:18:11 15 "KOL" or a "key opinion leader"? 12:18:15 16 A. I am. 12:18:19 17 Q. Did Mallinckrodt ever make 12:18:19 18 payments to KOLs? 12:18:21 19 A. Yes. 12:18:22 20 Q. Okay. What were KOLs paid for? 12:18:23 21 Well, strike that. 12:18:28 22 Why did Mallinckrodt make 12:18:28 23 payments to KOLs? 12:18:30 24 MR. O'CONNOR: Objection. 12:18:32 25 THE WITNESS: We were asking 12:18:32</p>	<p style="text-align: right;">Page 137</p> <p>1 researcher is considered a KOL or not. 12:19:47 2 Q. Okay. Were KOLs ever paid for 12:19:49 3 writing articles? 12:19:53 4 A. I'm not aware of any payments 12:19:54 5 to a KOL for writing an article. 12:20:00 6 Such as that would be a 12:20:02 7 clinical article? 12:20:03 8 Q. Well, any type of article, 12:20:04 9 either a clinical article, an opinion piece, 12:20:06 10 a public policy statement. 12:20:08 11 Did Mallinckrodt ever pay a KOL 12:20:10 12 for writing something? 12:20:11 13 A. I -- I'm not aware of any. I 12:20:13 14 don't have any firsthand knowledge of paying 12:20:17 15 a KOL to write an article. 12:20:18 16 Q. Okay. What was the -- well, 12:20:20 17 let's take 2011. 12:20:24 18 What was the annual budget for 12:20:29 19 KOLs in 2011? 12:20:31 20 A. I don't have -- I do not have 12:20:33 21 a -- that would have been paid for -- let's 12:20:39 22 see. 12:20:44 23 That budget would have probably 12:20:44 24 come out of our medical affairs team, and at 12:20:45 25 this time I don't know what that budget would 12:20:49</p>

<p style="text-align: right;">Page 138</p> <p>1 have been. 12:20:51</p> <p>2 Q. Okay. Are you aware of what 12:20:51</p> <p>3 the KOL budget would have been for any of the 12:20:52</p> <p>4 years at issue in this litigation, which I 12:20:56</p> <p>5 believe is from 1995 to present? 12:20:58</p> <p>6 A. I have not seen any budget 12:21:01</p> <p>7 numbers that we paid KOLs for what -- for 12:21:03</p> <p>8 those time periods. 12:21:07</p> <p>9 Q. Okay. Do you know if such a 12:21:09</p> <p>10 record exists? 12:21:12</p> <p>11 Well, strike that. 12:21:14</p> <p>12 If I wanted to identify by year 12:21:14</p> <p>13 the budget for KOLs, where would I look? 12:21:20</p> <p>14 A. Well, there would be a 12:21:24</p> <p>15 financial transaction obviously. There would 12:21:27</p> <p>16 be a -- legal would have it. We would have 12:21:32</p> <p>17 that KOL under a contract. And then 12:21:34</p> <p>18 financial -- there would be a financial trail 12:21:40</p> <p>19 as far as the -- the event and then what that 12:21:43</p> <p>20 individual physician was paid, the amount. 12:21:46</p> <p>21 Q. Okay. Was -- were these 12:21:49</p> <p>22 expenditures also tracked on an aggregate 12:21:52</p> <p>23 basis by Mallinckrodt? 12:21:54</p> <p>24 A. As far as the total to each 12:21:56</p> <p>25 individual physician? 12:21:58</p>	<p style="text-align: right;">Page 140</p> <p>1 So this is a document, it's 12:24:23</p> <p>2 Bates numbered MNK-T1_860223. It appears to 12:24:25</p> <p>3 be a document that was put together for 12:24:29</p> <p>4 Mallinckrodt by APCO. 12:24:32</p> <p>5 A. Uh-huh, yes. 12:24:37</p> <p>6 Q. Who is APCO or what is APCO? 12:24:38</p> <p>7 A. I know -- I would have to refer 12:24:40</p> <p>8 back to their acronym. I'm looking for it 12:24:42</p> <p>9 myself. The -- they were in one of those 12:24:45</p> <p>10 pieces, I believe, that we looked at earlier. 12:24:49</p> <p>11 Q. And what -- well, let me 12:24:52</p> <p>12 rephrase that question. 12:24:54</p> <p>13 What did APCO do for 12:24:55</p> <p>14 Mallinckrodt? 12:24:56</p> <p>15 A. APCO would -- 12:24:57</p> <p>16 THE WITNESS: First of all, can 12:25:00</p> <p>17 I answer? 12:25:01</p> <p>18 MR. O'CONNOR: Yeah. 12:25:01</p> <p>19 THE WITNESS: APCO would be a 12:25:03</p> <p>20 third-party group that would be 12:25:04</p> <p>21 contracted out by our medical affairs 12:25:05</p> <p>22 team to identify KOLs in the space of 12:25:07</p> <p>23 this particular -- in this case, pain 12:25:12</p> <p>24 management or organizations. 12:25:16</p> <p>25</p>
<p style="text-align: right;">Page 139</p> <p>1 Q. Or the total overall. 12:21:59</p> <p>2 So if I wanted to know what the 12:22:01</p> <p>3 total payments to KOLs in, let's say, 2013 12:22:02</p> <p>4 amounted to, where would I go to get that 12:22:07</p> <p>5 information? 12:22:11</p> <p>6 A. The marketing team may -- 12:22:11</p> <p>7 generally is -- will have a -- an 12:22:13</p> <p>8 understanding of -- when they lay out their 12:22:16</p> <p>9 marketing campaign, they would itemize a line 12:22:19</p> <p>10 item for budget, for KOLs, for speaker 12:22:24</p> <p>11 programs. That doesn't necessarily mean that 12:22:26</p> <p>12 that was the amount that was actually paid, 12:22:29</p> <p>13 though, to them. They're -- they would be 12:22:31</p> <p>14 putting money into a budget or to a 12:22:33</p> <p>15 placeholder. 12:22:35</p> <p>16 Q. And as a 30(b)(6) designee for 12:22:36</p> <p>17 this topic though, you're not aware of what 12:22:41</p> <p>18 the aggregate payments were on a yearly basis 12:22:45</p> <p>19 for KOLs, are you? 12:22:48</p> <p>20 A. No, I am not. 12:22:49</p> <p>21 (Mallinckrodt-Webb Exhibit 21 12:23:36</p> <p>22 marked for identification.) 12:23:36</p> <p>23 QUESTIONS BY MR. KAWAMOTO: 12:23:37</p> <p>24 Q. Okay. So I would like to 12:23:38</p> <p>25 designate this as I think Exhibit 21. 12:23:38</p>	<p style="text-align: right;">Page 141</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 12:25:18</p> <p>2 Q. And so these are all pain 12:25:19</p> <p>3 management organizations that they've 12:25:20</p> <p>4 identified; is that fair? 12:25:21</p> <p>5 MR. O'CONNOR: Objection. 12:25:23</p> <p>6 THE WITNESS: These would be 12:25:23</p> <p>7 the known pain organizations that they 12:25:25</p> <p>8 would have identified. 12:25:30</p> <p>9 QUESTIONS BY MR. KAWAMOTO: 12:25:31</p> <p>10 Q. And do you know what criteria 12:25:32</p> <p>11 APCO was using for these organizations, or 12:25:33</p> <p>12 does it -- does it appear to be all of the 12:25:37</p> <p>13 pain management organizations broken into 12:25:39</p> <p>14 different categories? 12:25:41</p> <p>15 MR. O'CONNOR: Objection to 12:25:42</p> <p>16 scope and to form. 12:25:44</p> <p>17 THE WITNESS: The -- APCO 12:25:46</p> <p>18 would -- when someone is doing a KOL 12:25:51</p> <p>19 mapping exercise, they would look at a 12:25:55</p> <p>20 variety of pieces of information 12:25:57</p> <p>21 available in the public domain, how 12:25:58</p> <p>22 well-published, how often published, 12:26:00</p> <p>23 where are they published, what their 12:26:03</p> <p>24 affiliation is with any particular 12:26:05</p> <p>25 institution, positions within any type 12:26:09</p>

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<p>1 of organizations. 12:26:12</p> <p>2 So what they're looking for are 12:26:12</p> <p>3 physicians that would be thought 12:26:15</p> <p>4 leaders in their respective fields. 12:26:16</p> <p>5 QUESTIONS BY MR. KAWAMOTO: 12:26:20</p> <p>6 Q. And would these organizations 12:26:20</p> <p>7 have been ones where Mallinckrodt could 12:26:22</p> <p>8 become a member of the organization? 12:26:25</p> <p>9 MR. O'CONNOR: Objection to 12:26:26</p> <p>10 scope. 12:26:27</p> <p>11 THE WITNESS: Well, how would 12:26:28</p> <p>12 you define "member of the 12:26:30</p> <p>13 organization"? 12:26:31</p> <p>14 QUESTIONS BY MR. KAWAMOTO: 12:26:32</p> <p>15 Q. Well, are these -- are these 12:26:32</p> <p>16 associations that Mallinckrodt could join? 12:26:37</p> <p>17 MR. O'CONNOR: Objection. 12:26:38</p> <p>18 THE WITNESS: Most of these 12:26:39</p> <p>19 would be professional organizations, 12:26:41</p> <p>20 so you would need a professional 12:26:44</p> <p>21 designation to join as a member. 12:26:45</p> <p>22 QUESTIONS BY MR. KAWAMOTO: 12:26:47</p> <p>23 Q. Okay. So taking a look at this 12:26:49</p> <p>24 list, can you identify for me any 12:26:53</p> <p>25 associations or organizations that 12:26:55</p>	<p>1 that I -- 12:27:42</p> <p>2 MR. O'CONNOR: Objection to 12:27:42</p> <p>3 scope. 12:27:44</p> <p>4 THE WITNESS: -- that I believe 12:27:44</p> <p>5 we made payments to, but I can't speak 12:27:46</p> <p>6 to the totality of it. 12:27:49</p> <p>7 QUESTIONS BY MR. KAWAMOTO: 12:27:50</p> <p>8 Q. Uh-huh. Understood. 12:27:51</p> <p>9 A. Start by going down the list? 12:27:53</p> <p>10 Q. Yes. 12:27:56</p> <p>11 A. Starting with patient 12:27:56</p> <p>12 organizations? 12:27:57</p> <p>13 Q. Yes, please. 12:27:58</p> <p>14 A. I'm not aware of the first one. 12:27:59</p> <p>15 By right of the fact that we engaged an RPO 12:28:05</p> <p>16 to do this, I assume we made a payment to 12:28:09</p> <p>17 them. 12:28:11</p> <p>18 American Chronic Pain 12:28:12</p> <p>19 Association. I would have to -- I would have 12:28:20</p> <p>20 to verify that one. 12:28:21</p> <p>21 American Pain Foundation, yes. 12:28:24</p> <p>22 CLAAD, I would have to look 12:28:26</p> <p>23 back. I would have to be refreshed on CLAAD. 12:28:35</p> <p>24 CADCA, yes. 12:28:37</p> <p>25 The American Foundation -- I'm 12:28:39</p>
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<p>1 Mallinckrodt would have joined? 12:26:57</p> <p>2 A. Well, I guess I need to 12:26:59</p> <p>3 clarify. When you -- when you say "joined," 12:27:06</p> <p>4 as a member of that organization? 12:27:09</p> <p>5 Q. As a member. 12:27:10</p> <p>6 A. As dues-paying member? 12:27:11</p> <p>7 Q. Yes, Mallinckrodt would not be 12:27:13</p> <p>8 a dues-paying member of any of these 12:27:14</p> <p>9 organizations? 12:27:16</p> <p>10 MR. O'CONNOR: Objection to 12:27:16</p> <p>11 scope. 12:27:18</p> <p>12 THE WITNESS: Not as a -- not 12:27:18</p> <p>13 as an organization. 12:27:19</p> <p>14 QUESTIONS BY MR. KAWAMOTO: 12:27:21</p> <p>15 Q. Okay. Do you know if 12:27:21</p> <p>16 Mallinckrodt made payments to any of these 12:27:22</p> <p>17 organizations? 12:27:25</p> <p>18 MR. O'CONNOR: Objection to 12:27:26</p> <p>19 scope. 12:27:28</p> <p>20 THE WITNESS: Yes. 12:27:29</p> <p>21 QUESTIONS BY MR. KAWAMOTO: 12:27:29</p> <p>22 Q. Okay. Could you please 12:27:30</p> <p>23 identify for me which organizations that 12:27:32</p> <p>24 Mallinckrodt made payments to? 12:27:35</p> <p>25 A. Uh-huh. I will identify those 12:27:36</p>	<p>1 not familiar with the Drug Free America 12:28:44</p> <p>2 Foundation. 12:28:47</p> <p>3 Interstitial Association, I'm 12:28:47</p> <p>4 not familiar with that group. 12:28:52</p> <p>5 Learn to Cope, I'm not familiar 12:28:54</p> <p>6 with. 12:28:56</p> <p>7 The National Coalition Against 12:28:57</p> <p>8 Prescription Drug Abuse, I'm not familiar 12:29:03</p> <p>9 with that one. 12:29:09</p> <p>10 National Family Partnership, 12:29:10</p> <p>11 I'm not familiar with. 12:29:12</p> <p>12 Fibromyalgia and Chronic Pain 12:29:13</p> <p>13 Association, I'm assuming that's one group, 12:29:17</p> <p>14 I'm not familiar with them. 12:29:19</p> <p>15 National Fibromyalgia 12:29:20</p> <p>16 Association, I'm not familiar with. 12:29:23</p> <p>17 National Hospice and Palliative 12:29:24</p> <p>18 Care Association, I'm not familiar with them. 12:29:28</p> <p>19 National Patient Safety 12:29:30</p> <p>20 Foundation, yes, we did. 12:29:32</p> <p>21 National Women's Health 12:29:33</p> <p>22 Network, I'm not familiar with them. 12:29:37</p> <p>23 Power of Pain Foundation, I'm 12:29:40</p> <p>24 not familiar with. 12:29:43</p> <p>25 Project Lazarus, yes. 12:29:43</p>

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1 Ryan's Cause, I'm not familiar 12:29:45
2 with. 12:29:47
3 Save the Michaels of the World, 12:29:48
4 I'm not familiar with. 12:29:50
5 Society for Women's Health 12:29:51
6 Research, yes, we did. 12:29:54
7 Steve Rummmler Hope Foundation, 12:29:55
8 I'm not familiar with. 12:29:59
9 The Partnership for Drug Free, 12:30:00
10 yes, we did. 12:30:02
11 Triumph Over Pain Foundation, 12:30:03
12 I'm not familiar with. 12:30:07
13 US Pain Foundation, yes, we 12:30:07
14 did. 12:30:10
15 Of the provider 12:30:10
16 organizations -- 12:30:14
17 Q. Well, actually, going back to 12:30:14
18 the patient organizations, for the ones 12:30:16
19 you've identified, can you -- well, what was 12:30:18
20 the payment amount? 12:30:21
21 MR. O'CONNOR: Objection to -- 12:30:23
22 objection to scope. 12:30:25
23 Are you still on Topic 24? 12:30:26
24 This appears to be outside the scope 12:30:29
25 of that, and just a bit ago you 12:30:30

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1 identified it. 12:30:34
2 MR. KAWAMOTO: Okay. I think 12:31:43
3 this falls within Topics 24 and 25 at 12:31:43
4 a minimum. So, I mean -- 12:31:52
5 MR. O'CONNOR: By 24 are you 12:31:54
6 refer -- which A, B are you 12:31:56
7 referring -- just help me out here, A, 12:31:59
8 B or C? Which? 12:32:01
9 MR. KAWAMOTO: Well, I think it 12:32:04
10 would fall under either -- I mean, 12:32:04
11 some of these may be persons or 12:32:05
12 entities named in the complaint, but I 12:32:07
13 think it's person who disseminated 12:32:07
14 information about prescription opioids 12:32:09
15 to prescribers or the public on your 12:32:10
16 behalf and the identity of all persons 12:32:12
17 responsible for such donations or 12:32:14
18 payments. So I would -- 12:32:16
19 MR. O'CONNOR: On our behalf, 12:32:19
20 I'll focus there and I'll take a look 12:32:21
21 at 25 as you go on, but I think you're 12:32:23
22 outside 24, and I'll take a look here 12:32:25
23 at 25. Lobbying efforts, governmental 12:32:33
24 affairs, okay. 12:32:36
25 All right. Why don't you go 12:32:40

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1 ahead. 12:32:42
2 QUESTIONS BY MR. KAWAMOTO: 12:32:44
3 Q. And so can you -- for the 12:32:44
4 organizations you've identified, how much 12:32:46
5 money did you give them? 12:32:49
6 MR. O'CONNOR: Objection to 12:32:51
7 scope. 12:32:53
8 THE WITNESS: I would have to 12:32:53
9 review the financial documents. 12:32:56
10 QUESTIONS BY MR. KAWAMOTO: 12:32:58
11 Q. And what documents would those 12:32:58
12 be? 12:33:00
13 A. Well, those would be the budget 12:33:00
14 documents that we discussed earlier, the fact 12:33:04
15 that we would have identified a group that we 12:33:07
16 would -- as we laid out our budget, and then 12:33:09
17 also look at then the -- through finance what 12:33:12
18 actually -- what groups we actually funded. 12:33:15
19 Q. And so if I wanted to see the 12:33:17
20 overall spend on patient organizations for 12:33:19
21 any given year, let's say 2012, where would I 12:33:22
22 go to find that information? 12:33:26
23 MR. O'CONNOR: Objection. 12:33:27
24 Scope. 12:33:28
25 THE WITNESS: Finance, our 12:33:28

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1 finance department. They would have 12:33:32
2 an accurate. 12:33:38
3 QUESTIONS BY MR. KAWAMOTO: 12:33:39
4 Q. And would these records 12:33:39
5 identify the aggregate amount? 12:33:41
6 MR. O'CONNOR: Objection. 12:33:42
7 THE WITNESS: For the year? 12:33:43
8 QUESTIONS BY MR. KAWAMOTO: 12:33:46
9 Q. Yes, for the year. 12:33:46
10 A. They would show a line item 12:33:47
11 payment and an aggregate total. 12:33:50
12 Q. Okay. And they would also 12:33:51
13 break it down by group as well; is that 12:33:52
14 correct? 12:33:54
15 MR. O'CONNOR: Objection. 12:33:54
16 QUESTIONS BY MR. KAWAMOTO: 12:33:54
17 Q. Is that your understanding? 12:33:55
18 A. That would be my understanding, 12:33:56
19 correct. 12:33:57
20 Q. But as you sit here today, you 12:33:58
21 don't have that information available to you? 12:34:01
22 A. No, I do not have that 12:34:05
23 information in front of me. 12:34:07
24 Q. Okay. And so essentially the 12:34:11
25 same inquiry for the provider organizations, 12:34:19

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1 can you identify which of these you provided 12:34:22	1 but the finance department would have that? 12:37:17
2 funds to? 12:34:24	2 MR. O'CONNOR: Objection to 12:37:19
3 MR. O'CONNOR: Objection. 12:34:28	3 form and scope. 12:37:21
4 Scope. 12:34:29	4 THE WITNESS: I would have to 12:37:21
5 THE WITNESS: The Academy of 12:34:29	5 defer to them. 12:37:23
6 Managed Care Pharmacy, I'm not 12:34:36	6 QUESTIONS BY MR. KAWAMOTO: 12:37:23
7 familiar with. 12:34:37	7 Q. Then what about the academic 12:37:27
8 American Academy of Family 12:34:37	8 research institutions? 12:37:29
9 Physicians, yes. 12:34:40	9 MR. O'CONNOR: Objection. 12:37:30
10 American Academy of Family 12:34:41	10 THE WITNESS: I'm not familiar 12:37:34
11 Surgeons, I'm not familiar with or 12:34:44	11 with any of those groups. 12:37:45
12 unknown. 12:34:46	12 QUESTIONS BY MR. KAWAMOTO: 12:37:47
13 The American Academy -- do you 12:34:47	13 Q. And then what about the 12:37:48
14 want me just go through the ones 12:34:49	14 government agencies or organizations? 12:37:50
15 identified or do you want me to read 12:34:51	15 MR. O'CONNOR: Objection. Form 12:37:52
16 them to say yes or no? 12:34:52	16 and scope. 12:37:54
17 QUESTIONS BY MR. KAWAMOTO: 12:34:53	17 THE WITNESS: Number 7, 12:37:55
18 Q. Just the ones you can identify. 12:34:54	18 National Association of Drug Diversion 12:38:06
19 A. Okay. 12:34:55	19 Investigators. 12:38:07
20 The American -- number 7, the 12:34:57	20 That's all. 12:38:07
21 American Academy of Nurse Anesthetists. 12:35:04	21 MR. KAWAMOTO: Okay. Thank 12:38:13
22 Q. Okay. 12:35:09	22 you. 12:38:13
23 A. Number 9, American Academy of 12:35:09	23 So why don't we take a break 12:38:14
24 Pain Management. 12:35:11	24 for lunch, and then I'll see how much 12:38:17
25 Number 10, the American Academy 12:35:11	25 additional questions I have after 12:38:23
Page 151	Page 153
1 of Pain Medicine. 12:35:15	1 that. 12:38:24
2 Number 11, the American Academy 12:35:15	2 VIDEOGRAPHER: We're going off 12:38:26
3 of Physical Medicine and Rehabilitation. 12:35:24	3 the record at 12:38 p.m. 12:38:27
4 Number 13, the American College 12:35:24	4 (Off the record at 12:38 p.m.) 12:38:29
5 of Emergency Room Physicians. 12:35:34	5 VIDEOGRAPHER: We are back on 13:35:42
6 Number 18, the American Medical 12:35:34	6 the record at 1:35 p.m. 13:35:47
7 Association. 12:35:48	7 QUESTIONS BY MR. KAWAMOTO: 13:35:48
8 Number 22, the American Pain 12:35:48	8 Q. So, Mr. Webb, I would like to 13:35:49
9 Society. 12:36:02	9 turn to Topic 32, which is "your coordination 13:35:54
10 Number 24, the American Society 12:36:02	10 or communications with any defendant in this 13:35:56
11 for Pain Management Nursing. 12:36:10	11 action, including, but not limited to, your 13:35:58
12 Number 25, American Society of 12:36:10	12 participation in any industry groups or 13:36:01
13 Addiction Medicine. 12:36:14	13 professional societies or any defendant in 13:36:02
14 Number 29, the American Society 12:36:15	14 this matter is a member relating or -- 13:36:04
15 of Pain Educators. 12:36:30	15 relating or referring to pain care, the sale 13:36:06
16 The Inter -- number 33, the 12:36:30	16 of opioids, the marketing or promotion of 13:36:09
17 International Association for the Study of 12:36:45	17 opioids, regulations, rules or laws affecting 13:36:12
18 Pain. 12:36:47	18 the sale, promotion and marketing of opioids 13:36:16
19 Number 38, the Pharmaceutical 12:36:48	19 and the potential for abuse and diversion of 13:36:19
20 Research and Manufacturers of America. 12:37:03	20 opioids." 13:36:21
21 That's all that I'm familiar 12:37:07	21 And within that topic, I would 13:36:22
22 with. 12:37:09	22 like to focus on the Anti-Diversion Industry 13:36:23
23 Q. And I take it, as with the 12:37:09	23 Working Group. 13:36:27
24 previous list, you don't have any -- any 12:37:10	24 Are you familiar with that 13:36:27
25 recollection of the amounts or time period, 12:37:15	25 entity or that group? 13:36:30

<p style="text-align: right;">Page 154</p> <p>1 A. I have a working knowledge of 13:36:32 2 that group. 13:36:35 3 Q. Okay. And what is that working 13:36:35 4 knowledge? 13:36:37 5 A. That it's a working group 13:36:37 6 that -- of third party -- do you want me to 13:36:40 7 keep talking? 13:36:53 8 Q. Thanks. 13:37:04 9 A. It's a group of organizations 13:37:04 10 come together, Mallinckrodt being one of 13:37:06 11 them -- I want to say that one of the 13:37:08 12 wholesalers, I believe AmerisourceBergen, 13:37:12 13 part of it as well -- that looked at trying 13:37:14 14 to understand how the industry can help 13:37:17 15 prevent diversion from occurring. 13:37:21 16 Q. And what did that group end 13:37:23 17 up -- what concrete steps did that group end 13:37:26 18 up taking to attempt to reduce diversion? 13:37:29 19 A. One of the -- one of the 13:37:32 20 deliverables that came out of that working 13:37:35 21 group was a product called a Red Flags video, 13:37:36 22 and that Red Flags video was then used with 13:37:41 23 retail -- designed to be used with retail 13:37:45 24 pharmacists or to show to retail pharmacists 13:37:48 25 to help educate pharmacists on red flags or 13:37:50</p>	<p style="text-align: right;">Page 156</p> <p>1 QUESTIONS BY MR. KAWAMOTO: 13:38:45 2 Q. But it's your understanding and 13:38:45 3 based on a reasonable inquiry, that other 13:38:47 4 than this Red Flags video, you're not aware 13:38:50 5 of any other deliverables that this -- this 13:38:52 6 group ever produced? 13:38:54 7 MR. O'CONNOR: Objection. 13:38:57 8 But you can answer. 13:38:58 9 THE WITNESS: I am aware that 13:39:02 10 that video took a lot of coordination 13:39:04 11 to produce and to put together and 13:39:05 12 disseminate, but I'm not aware of what 13:39:07 13 else may have come out of that group. 13:39:10 14 QUESTIONS BY MR. KAWAMOTO: 13:39:11 15 Q. Okay. And how long -- is that 13:39:12 16 group still in existence? 13:39:13 17 A. I do not know if that -- my 13:39:14 18 understanding is that group still is, but I'm 13:39:19 19 not sure if they're still meeting, though. 13:39:20 20 Q. Okay. And do you recall 13:39:22 21 roughly how long or how much time it took to 13:39:23 22 create this video? 13:39:26 23 A. No, I do not know. That video 13:39:27 24 was -- that video was put together -- no, I 13:39:32 25 do not know. 13:39:39</p>
<p style="text-align: right;">Page 155</p> <p>1 warning signs that they should look for if 13:37:54 2 they suspect or want -- or think that a 13:37:56 3 patient may be a drug seeker or who may be in 13:37:58 4 front of the pharmacy and have maybe a 13:38:02 5 fraudulent prescription, how do identify 13:38:05 6 those patients, individuals. 13:38:06 7 Q. And other than that video, were 13:38:07 8 there any other deliverables? 13:38:11 9 A. That's the only deliverable I'm 13:38:12 10 aware. I'm not saying that there were not 13:38:14 11 others, but I don't know what else came out 13:38:17 12 of that group. 13:38:18 13 Q. Okay. And based on your 13:38:18 14 preparation for this topic, is one of the 13:38:19 15 things or one of the -- one of the -- one of 13:38:22 16 the things you reviewed this Anti-Diversion 13:38:26 17 Industry Working Group? 13:38:32 18 A. We -- well, we did not 13:38:32 19 specifically discuss that with counsel. I 13:38:35 20 mean, other than -- 13:38:37 21 THE WITNESS: I'm sorry. 13:38:39 22 MR. O'CONNOR: Yeah, just 13:38:39 23 direct you not to reveal 13:38:40 24 communications with counsel, but, 13:38:42 25 yeah, go ahead. 13:38:44</p>	<p style="text-align: right;">Page 157</p> <p>1 Q. Okay. Do you have any sense of 13:39:39 2 how much it cost to create the video? 13:39:41 3 A. No, I do not. 13:39:44 4 MR. KAWAMOTO: Okay. Nothing 13:39:49 5 further. 13:39:51 6 MR. O'CONNOR: Okay. 13:39:52 7 VIDEOGRAPHER: We're going off 13:39:54 8 the record at 1:39 p.m. 13:39:55 9 (Off the record at 1:39 p.m.) 13:39:58 10 VIDEOGRAPHER: We're back on 13:41:42 11 the record at 1:41 p.m. 13:41:49 12 CROSS-EXAMINATION 13:41:51 13 QUESTIONS BY MR. KELLY: 13:41:52 14 Q. Good afternoon, Mr. Webb. My 13:41:53 15 name is Seamus Kelly. I'm representing 13:41:54 16 plaintiffs in the Tennessee lawsuits that 13:41:56 17 have been cross-noticed in this deposition. 13:41:58 18 MR. KELLY: As laid out in our 13:42:01 19 previous deposition records where 13:42:02 20 we've been cross-noticed, I would 13:42:04 21 first like to object to the deposition 13:42:06 22 on behalf of our clients due to 13:42:08 23 Mallinckrodt's failures to comply with 13:42:09 24 the state and federal cooperation 13:42:11 25 protocol. 13:42:14</p>

<p style="text-align: right;">Page 158</p> <p>1 MR. O'CONNOR: I -- we disagree 13:42:17</p> <p>2 with that assertion, but you can go 13:42:20</p> <p>3 ahead. 13:42:24</p> <p>4 MR. KELLY: Thank you. 13:42:24</p> <p>5 QUESTIONS BY MR. KELLY: 13:42:25</p> <p>6 Q. Mr. Webb, did you do any 13:42:29</p> <p>7 specific preparation based on a separate 13:42:32</p> <p>8 lawsuit in Tennessee? 13:42:34</p> <p>9 A. No. 13:42:35</p> <p>10 Q. Okay. Looking back on your 13:42:38</p> <p>11 testimony today, there were several times 13:42:43</p> <p>12 where it was specified that certain materials 13:42:46</p> <p>13 would have been distributed in Ohio. 13:42:50</p> <p>14 Would you say the same for 13:42:54</p> <p>15 Tennessee? 13:42:56</p> <p>16 MR. O'CONNOR: Objection. 13:42:56</p> <p>17 THE WITNESS: I would say that 13:42:58</p> <p>18 the material was available for 13:43:02</p> <p>19 national distribution, but to say 13:43:04</p> <p>20 whether material went to Ohio or 13:43:06</p> <p>21 Tennessee, I have no knowledge that it 13:43:08</p> <p>22 would not. 13:43:10</p> <p>23 QUESTIONS BY MR. KELLY: 13:43:13</p> <p>24 Q. Okay. Looking at Topic 2, "the 13:43:14</p> <p>25 role of wholesalers, distributors and 13:43:19</p>	<p style="text-align: right;">Page 160</p> <p>1 any other communications between you and the 13:44:33</p> <p>2 FDA regarding your marketing of your opioid 13:44:35</p> <p>3 products, your response to these letters, all 13:44:38</p> <p>4 subsequent actions you took in response to 13:44:41</p> <p>5 those communications and all budgets for any 13:44:43</p> <p>6 such actions by year," was -- were any of 13:44:45</p> <p>7 these budgets state specific? 13:44:49</p> <p>8 A. I'm not aware of any letters 13:44:51</p> <p>9 from the FDA regarding a specific state. 13:44:56</p> <p>10 Q. Okay. But the question is were 13:44:59</p> <p>11 budgets -- budget -- or responses to FDA 13:45:04</p> <p>12 letters, were there budgets that were state 13:45:09</p> <p>13 specific? 13:45:11</p> <p>14 A. No. 13:45:12</p> <p>15 Q. Regarding Topic 8, and this, 13:45:13</p> <p>16 again, is "actions taken by Mallinckrodt 13:45:32</p> <p>17 after the CDC declared an opioid epidemic in 13:45:34</p> <p>18 2011," were there changes to Mallinckrodt's 13:45:37</p> <p>19 opioid allocations in Tennessee? 13:45:43</p> <p>20 A. Not to my knowledge. 13:45:46</p> <p>21 Q. Did Mallinckrodt do anything 13:45:47</p> <p>22 differently in Tennessee after the CDC 13:45:51</p> <p>23 declared an opioid epidemic? 13:45:53</p> <p>24 MR. O'CONNOR: Objection. 13:45:55</p> <p>25 THE WITNESS: No. 13:45:56</p>
<p style="text-align: right;">Page 159</p> <p>1 pharmacies, including, but not limited to, 13:43:21</p> <p>2 defendants in the supply chain for your 13:43:26</p> <p>3 opioid products and the responsibilities of 13:43:28</p> <p>4 each with respect to marketing, sales and 13:43:30</p> <p>5 supply," did Mallinckrodt's generics detail 13:43:32</p> <p>6 pharmacies in Tennessee? 13:43:40</p> <p>7 MR. O'CONNOR: Objection to the 13:43:44</p> <p>8 form. 13:43:46</p> <p>9 THE WITNESS: I'm not aware of 13:43:47</p> <p>10 our generics team detailing -- 13:43:48</p> <p>11 specifically detailing pharmacists in 13:43:51</p> <p>12 Tennessee. 13:43:53</p> <p>13 QUESTIONS BY MR. KELLY: 13:43:53</p> <p>14 Q. Okay. Are you aware of them 13:43:54</p> <p>15 detailing pharmacies in general? 13:43:56</p> <p>16 A. No. 13:43:58</p> <p>17 Q. And are you aware of 13:43:59</p> <p>18 Mallinckrodt detailing pharmacies regarding 13:44:03</p> <p>19 branded opioid products? 13:44:06</p> <p>20 A. The -- for a period there, and 13:44:09</p> <p>21 I don't know what time it was, but 13:44:12</p> <p>22 pharmacists were included in our call plan as 13:44:15</p> <p>23 far as stocking with our branded sales force. 13:44:20</p> <p>24 Q. And with Topic 3, specifically 13:44:22</p> <p>25 "warning letters sent to you by the FDA and 13:44:30</p>	<p style="text-align: right;">Page 161</p> <p>1 QUESTIONS BY MR. KELLY: 13:45:59</p> <p>2 Q. Did Mallinckrodt have an 13:46:01</p> <p>3 initiative to distribute bags for opioid 13:46:02</p> <p>4 disposal? 13:46:04</p> <p>5 A. We did. Our medication 13:46:05</p> <p>6 disposal pouch initiative. 13:46:09</p> <p>7 Q. And do you recall Tennessee 13:46:10</p> <p>8 being included in that? 13:46:12</p> <p>9 MR. O'CONNOR: Objection. 13:46:17</p> <p>10 But go ahead. 13:46:17</p> <p>11 THE WITNESS: I'm not -- I do 13:46:18</p> <p>12 not specifically recall if Tennessee 13:46:21</p> <p>13 was or was not included or excluded. 13:46:22</p> <p>14 We did several national programs, 13:46:26</p> <p>15 though, with retail pharmacies, and 13:46:29</p> <p>16 they may have been, through their 13:46:31</p> <p>17 distribution network, had bags 13:46:33</p> <p>18 distributed to Tennessee. 13:46:34</p> <p>19 (Mallinckrodt-Webb Exhibit 22 13:46:38</p> <p>20 marked for identification.) 13:46:38</p> <p>21 QUESTIONS BY MR. KELLY: 13:46:38</p> <p>22 Q. This is Exhibit 22, and it's 13:46:46</p> <p>23 Bates stamped MNK_TNSTA04423166. 13:46:47</p> <p>24 A. Uh-huh. Okay. 13:47:02</p> <p>25 Q. Does that refresh your memory? 13:47:34</p>

<p style="text-align: right;">Page 162</p> <p>1 A. I'm familiar with this, yes. 13:47:36</p> <p>2 Q. Okay. So it -- is it correct 13:47:37</p> <p>3 that Tennessee was a priority state for this 13:47:42</p> <p>4 bag initiative? 13:47:45</p> <p>5 A. The -- well, the intent was to 13:47:46</p> <p>6 distribute bags. These are the medication 13:47:51</p> <p>7 disposal pouches that were made available to 13:47:54</p> <p>8 patients to neutralize and chemically -- 13:47:57</p> <p>9 chemically neutralize and then safely dispose 13:48:00</p> <p>10 and get rid of unwanted or unused 13:48:02</p> <p>11 medications, opioids, from their home. 13:48:05</p> <p>12 This program was in 13:48:07</p> <p>13 collaboration with Good Neighbor pharmacies. 13:48:09</p> <p>14 Good Neighbor pharmacies provided us a list 13:48:13</p> <p>15 of where their pharmacies were. We wanted to 13:48:15</p> <p>16 specifically provide pouches to what we would 13:48:19</p> <p>17 consider the Appalachian area. This was an 13:48:23</p> <p>18 attempt to identify what states might be 13:48:28</p> <p>19 within that geographical area. 13:48:30</p> <p>20 Q. All right. And looking 13:48:32</p> <p>21 specifically at your response at the top of 13:48:36</p> <p>22 this e-mail -- 13:48:38</p> <p>23 A. Uh-huh. 13:48:39</p> <p>24 Q. -- is it accurate to say that 13:48:39</p> <p>25 you were highlighting the Appalachian region 13:48:43</p>	<p style="text-align: right;">Page 164</p> <p>1 MR. O'CONNOR: Objection. 13:49:37</p> <p>2 But go ahead. 13:49:37</p> <p>3 THE WITNESS: It's not that it 13:49:38</p> <p>4 wasn't a priority state. We already 13:49:40</p> <p>5 had a pouch event or several -- at 13:49:42</p> <p>6 least two pouch events already taking 13:49:44</p> <p>7 place in Ohio, particularly Summit 13:49:46</p> <p>8 County, through partnership with 13:49:49</p> <p>9 community leaders. So we wanted to -- 13:49:51</p> <p>10 an attempt to make as many pouches 13:49:55</p> <p>11 available in places around the country 13:49:57</p> <p>12 as we could without putting too many 13:49:58</p> <p>13 into one particular area. 13:50:00</p> <p>14 QUESTIONS BY MR. KELLY: 13:50:04</p> <p>15 Q. But the focus was on the 13:50:04</p> <p>16 Appalachia? 13:50:06</p> <p>17 A. For this particular campaign, 13:50:07</p> <p>18 yes, but we had distributed over 2 million 13:50:09</p> <p>19 pouches, so we wanted to hold -- through our 13:50:12</p> <p>20 entire campaign, so we wanted to make sure 13:50:17</p> <p>21 that we could be a value to as many states as 13:50:19</p> <p>22 we could. 13:50:23</p> <p>23 These were donated free of 13:50:23</p> <p>24 charge, by the way. 13:50:26</p> <p>25 Q. So -- strike that. 13:50:27</p>
<p style="text-align: right;">Page 163</p> <p>1 for this initiative? 13:48:46</p> <p>2 MR. O'CONNOR: Objection. 13:48:47</p> <p>3 Speaks for itself. Form. 13:48:49</p> <p>4 THE WITNESS: We wanted to put 13:48:50</p> <p>5 the pouches into communities and 13:48:53</p> <p>6 states we thought would have the 13:48:55</p> <p>7 greatest value. 13:48:56</p> <p>8 QUESTIONS BY MR. KELLY: 13:48:57</p> <p>9 Q. Okay. And what is your 13:48:57</p> <p>10 understand -- what is the Appalachian region? 13:48:59</p> <p>11 A. Well, it's defined as 13:49:02</p> <p>12 obviously -- well, those states that are -- 13:49:04</p> <p>13 in which the Appalachian mountains run 13:49:07</p> <p>14 through. 13:49:12</p> <p>15 Q. Okay. And at this time you 13:49:12</p> <p>16 were targeting those states for this 13:49:14</p> <p>17 initiative? 13:49:15</p> <p>18 A. For this initiative, partnering 13:49:18</p> <p>19 through the Good Neighbor pharmacies. We 13:49:20</p> <p>20 wanted to try to get as many pouches into 13:49:23</p> <p>21 these states as we could, through Good 13:49:25</p> <p>22 Neighbor pharmacies, though. 13:49:31</p> <p>23 Q. And why was Ohio not a priority 13:49:32</p> <p>24 state? 13:49:35</p> <p>25 A. It's not that -- 13:49:36</p>	<p style="text-align: right;">Page 165</p> <p>1 (Mallinckrodt-Webb Exhibit 23 13:50:31</p> <p>2 marked for identification.) 13:50:32</p> <p>3 QUESTIONS BY MR. KELLY: 13:50:32</p> <p>4 Q. I'm going to hand you another 13:50:32</p> <p>5 exhibit. This is Exhibit 23. 13:50:33</p> <p>6 And Exhibit 23 is Bates stamped 13:50:42</p> <p>7 MNK_TNSTA00198469, with an attachment that is 13:50:47</p> <p>8 MNK_TNSTA00198470. 13:50:58</p> <p>9 A. Okay. I'm familiar. 13:52:40</p> <p>10 Q. Okay. Thanks. 13:52:41</p> <p>11 I would like you to look at 13:52:42</p> <p>12 page 5 of the attachment. 13:52:44</p> <p>13 A. Okay. 13:52:50</p> <p>14 Q. If you could read point 13:52:51</p> <p>15 number 2 for me? 13:52:56</p> <p>16 A. Point number 2, "Target 19 13:52:57</p> <p>17 states with an asterisk that currently do not 13:53:01</p> <p>18 include methadone as a covered medication 13:53:05</p> <p>19 treatment option to ensure SUD, which is 13:53:07</p> <p>20 substance use disorder, patients have access 13:53:12</p> <p>21 to a full range of effective medications, in 13:53:15</p> <p>22 parentheses, purple states." 13:53:17</p> <p>23 Q. Okay. In looking to the map to 13:53:18</p> <p>24 the right, which -- do you see that Tennessee 13:53:21</p> <p>25 is indicated to be one of those states that 13:53:27</p>

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<p>1 two or few are covered? 13:53:29</p> <p>2 A. Correct. 13:53:33</p> <p>3 Q. And what do you understand that 13:53:33</p> <p>4 to mean? 13:53:34</p> <p>5 A. This -- this map was provided 13:53:35</p> <p>6 by the National Drug Abuse Treatment System 13:53:37</p> <p>7 survey data as far as patients who have a 13:53:40</p> <p>8 substance use disorder access to addiction 13:53:48</p> <p>9 treatment, clinics, there are three-FDA 13:53:51</p> <p>10 approved medications, Vivitrol is their 13:53:54</p> <p>11 tradename, Suboxone and methadone or 13:53:58</p> <p>12 Methadose. 13:54:02</p> <p>13 Those states that are in 13:54:03</p> <p>14 purple, our understanding is that they 13:54:04</p> <p>15 have -- patients who have a substance abuse 13:54:06</p> <p>16 disorder have access to only two or fewer MAT 13:54:08</p> <p>17 medications to treat. 13:54:13</p> <p>18 Q. Okay. So would that make 13:54:14</p> <p>19 Tennessee one of the 19 targeted states? 13:54:16</p> <p>20 A. It was identified as a state, 13:54:19</p> <p>21 correct. 13:54:21</p> <p>22 Q. Okay. 13:54:22</p> <p>23 A. But doesn't mean that we acted 13:54:22</p> <p>24 on anything in Tennessee. 13:54:24</p> <p>25 Q. And if you turn to page 16? 13:54:32</p>	<p>1 contract lobbyists and lobbyists in. 13:55:43</p> <p>2 QUESTIONS BY MR. KELLY: 13:55:45</p> <p>3 Q. All right. So at this point 13:55:45</p> <p>4 there was no longer a focus on Appalachia? 13:55:46</p> <p>5 MR. O'CONNOR: Objection. 13:55:49</p> <p>6 Scope. 13:55:50</p> <p>7 THE WITNESS: No, I think 13:55:51</p> <p>8 what -- you're conflating the two 13:55:52</p> <p>9 initiatives. 13:55:55</p> <p>10 We had a medication pouch 13:55:56</p> <p>11 disposal initiative, which was in 13:55:57</p> <p>12 partnership with communities to help 13:56:00</p> <p>13 rid homes who have unused opioids and 13:56:02</p> <p>14 to keep them from being misused or 13:56:07</p> <p>15 diverted, to safely dispose of them, 13:56:09</p> <p>16 they were chemically neutralized. So 13:56:11</p> <p>17 we were purchasing pouches through 13:56:14</p> <p>18 another third-party group, another 13:56:16</p> <p>19 manufacturer, and then donating them 13:56:18</p> <p>20 to community groups. That was the 13:56:19</p> <p>21 Appalachia effort that we were working 13:56:21</p> <p>22 with Good Neighbor pharmacies. 13:56:23</p> <p>23 This particular initiative that 13:56:25</p> <p>24 we're referring to was states that we 13:56:28</p> <p>25 have identified or made -- we were 13:56:29</p>
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<p>1 A. Okay. 13:54:46</p> <p>2 Q. Do you know why Tennessee was 13:54:46</p> <p>3 not one of the ten states targeted? 13:54:50</p> <p>4 A. The -- recognize -- 13:54:53</p> <p>5 THE WITNESS: Can I go ahead? 13:54:56</p> <p>6 MR. O'CONNOR: Yeah, objection, 13:54:58</p> <p>7 scope. 13:54:59</p> <p>8 But you can go ahead. 13:54:59</p> <p>9 THE WITNESS: Recognizing 13:55:00</p> <p>10 that -- but for sake of clarification, 13:55:07</p> <p>11 we were not able to engage in any 13:55:09</p> <p>12 states, so this is a plan. This was a 13:55:11</p> <p>13 plan that we had identified. Our 13:55:14</p> <p>14 efforts for addiction treatment were 13:55:17</p> <p>15 placed at a federal level. 13:55:19</p> <p>16 But these ten states, we had 13:55:20</p> <p>17 contract counsel in these states, so 13:55:24</p> <p>18 this was a legislative approach to 13:55:26</p> <p>19 eliminate barriers to treatment that 13:55:28</p> <p>20 the state may or may not have had in 13:55:30</p> <p>21 place and we needed to do more 13:55:32</p> <p>22 diligence on, we would have needed 13:55:34</p> <p>23 help through contract counsel or 13:55:36</p> <p>24 lobbyists, and these were the states 13:55:39</p> <p>25 that we had, for the most part, 13:55:41</p>	<p>1 made aware of through the federal 13:56:31</p> <p>2 government that had barriers to access 13:56:32</p> <p>3 of getting people into treatment who 13:56:35</p> <p>4 had a substance abuse disorder. We 13:56:37</p> <p>5 were working collaboratively to 13:56:39</p> <p>6 identify where and what those barriers 13:56:40</p> <p>7 were and how we can help remove them 13:56:42</p> <p>8 to expand treatment. 13:56:44</p> <p>9 QUESTIONS BY MR. KELLY: 13:56:46</p> <p>10 Q. I would like to move to 13:57:00</p> <p>11 Topic 24. And earlier you were discussing 13:57:01</p> <p>12 speaker series. 13:57:20</p> <p>13 I'm going to pass you an 13:57:24</p> <p>14 exhibit. 13:57:26</p> <p>15 (Mallinckrodt-Webb Exhibit 24 13:57:27</p> <p>16 marked for identification.) 13:57:27</p> <p>17 QUESTIONS BY MR. KELLY: 13:57:27</p> <p>18 Q. And this is Exhibit 24. It is 13:57:39</p> <p>19 MNK_TNSTA00184173. 13:57:42</p> <p>20 And I will -- I'll let you know 13:57:56</p> <p>21 that we did slightly modify this spreadsheet 13:57:59</p> <p>22 that was in your custodial file where it just 13:58:02</p> <p>23 excludes all states except for Tennessee. 13:58:05</p> <p>24 And were documents such as this 13:58:27</p> <p>25 used for tracking speaker series? 13:58:29</p>

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1 MR. O'CONNOR: Objection to 13:58:33
2 scope. 13:58:34
3 THE WITNESS: We would -- I 13:58:40
4 can't speak to this particular 13:58:41
5 document, but documents that we would 13:58:42
6 have -- any time a speaker -- a 13:58:45
7 speaker event was taking place, as 13:58:46
8 part of the PhRMA guidelines, we were 13:58:49
9 required to track and identify, excuse 13:58:52
10 me, which -- for the Sunshine 13:58:54
11 reporting, which physicians or health 13:58:56
12 care providers attended. So there 13:58:58
13 would be a sign-in sheet. 13:58:59
14 QUESTIONS BY MR. KELLY: 13:59:00
15 Q. And were there ever 13:59:05
16 nonprescribers that would attend these 13:59:07
17 meetings? 13:59:09
18 A. Well, I'm not saying that they 13:59:09
19 were never. Sometimes a physician would 13:59:14
20 bring his or her nurse. But we -- at the 13:59:16
21 time of making the education material or 13:59:21
22 program available, we would state that this 13:59:24
23 was for health care professionals or 13:59:27
24 physicians only. 13:59:29
25 (Mallinckrodt-Webb Exhibit 25 13:59:31

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1 marked for identification.) 13:59:32
2 QUESTIONS BY MR. KELLY: 13:59:32
3 Q. Okay. I'm going to pass you 13:59:33
4 what will be marked Exhibit 25. This exhibit 13:59:36
5 is Bates number MNK_TNSTA00184232. 13:59:50
6 And similarly, this is another 13:59:59
7 spreadsheet from your custodial file that 14:00:13
8 we've modified to the extent that we excluded 14:00:16
9 any states that were not Tennessee. 14:00:18
10 A. Okay. 14:00:26
11 Q. And are these documents that 14:00:28
12 are normally kept in the course of 14:00:31
13 Mallinckrodt's business of scheduling speaker 14:00:33
14 series? 14:00:36
15 A. This would be a tracking tool, 14:00:36
16 yes, that we would -- this would be a 14:00:38
17 tracking tool that we would use internally to 14:00:43
18 identify which events were taking place in 14:00:46
19 which state by which representative. 14:00:49
20 Q. Okay. And looking at column O, 14:00:52
21 it's labeled HONR. 14:00:58
22 To your understanding, is that 14:01:02
23 an honorarium? 14:01:04
24 A. That would be my interpretation 14:01:06
25 of it, correct. 14:01:08

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1 Q. Okay. What is an outcome 14:01:10
2 study? 14:01:29
3 A. Can you use it in the context 14:01:29
4 of -- a specific example? 14:01:34
5 (Mallinckrodt-Webb Exhibit 26 14:01:38
6 marked for identification.) 14:01:39
7 QUESTIONS BY MR. KELLY: 14:01:39
8 Q. Sure, I can pass you what will 14:01:39
9 be Exhibit 26, which is MNK-T1_0006524864. 14:01:41
10 MR. O'CONNOR: Are you still on 14:02:03
11 Topic 24? 14:02:04
12 MR. KELLY: I am, yes. 14:02:05
13 THE WITNESS: Okay. 14:02:08
14 QUESTIONS BY MR. KELLY: 14:02:40
15 Q. And the question I had asked 14:02:41
16 you is what is an outcome study? 14:02:42
17 THE WITNESS: Go ahead? 14:02:45
18 MR. O'CONNOR: Yeah. 14:02:46
19 THE WITNESS: The intent of an 14:02:46
20 outcome study is to determine whether 14:02:48
21 we -- to measure whether we accomplish 14:02:49
22 a result or not. 14:02:52
23 QUESTIONS BY MR. KELLY: 14:02:53
24 Q. Okay. And here you're seeking 14:02:54
25 someone for an outcome study to determine 14:02:58

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1 what causes a change in patient's behavior to 14:03:00
2 dispose of unused or unneeded prescription 14:03:03
3 opioids? 14:03:06
4 MR. O'CONNOR: Objection to the 14:03:06
5 scope. 14:03:08
6 THE WITNESS: Correct. Yeah. 14:03:09
7 This study, when we were 14:03:11
8 looking through our medication pouch 14:03:15
9 disposal initiative, again, to go into 14:03:18
10 patients' homes to dispose of unused 14:03:20
11 medications, we tried to understand, 14:03:22
12 through messaging, what we would say 14:03:25
13 when these pouches would be 14:03:27
14 distributed through community events 14:03:28
15 to what would actually cause a patient 14:03:30
16 to willing dispose of their unused 14:03:32
17 opioids so that we could be more 14:03:35
18 effective in how these pouches would 14:03:37
19 be used. 14:03:40
20 QUESTIONS BY MR. KELLY: 14:03:40
21 Q. And did Mallinckrodt pay 14:03:41
22 researchers for such a study? 14:03:44
23 A. We -- there were times that we 14:03:45
24 did, yes, pay researchers for studies in the 14:03:47
25 interest of understanding patient outcomes 14:03:51

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1 and whether they're using them or not. 14:03:54

2 Q. What is the Alliance for 14:03:56

3 Balanced Pain Management? 14:04:00

4 MR. O'CONNOR: Objection. 14:04:00

5 Scope. 14:04:03

6 THE WITNESS: The Alliance for 14:04:07

7 Balanced Pain Management is an 14:04:09

8 organization or a coalition that was 14:04:09

9 developed by Mallinckrodt in full 14:04:11

10 disclosure with all the participants 14:04:13

11 of stakeholder or patient groups that 14:04:16

12 have come together to identify ways in 14:04:20

13 which we could expand access to a 14:04:25

14 multimodal approach to pain as opposed 14:04:28

15 to having to rely on opioids and how 14:04:32

16 do we advance patient safety to 14:04:34

17 dispose of unused opioids in the home 14:04:36

18 once they're prescribed. 14:04:38

19 QUESTIONS BY MR. KELLY: 14:04:41

20 Q. And you said this was in full 14:04:42

21 disclosure to all participants. 14:04:44

22 Does this organization publish 14:04:47

23 information? 14:04:50

24 A. This organization did not 14:04:51

25 publish -- well, did not publish anything in 14:04:55

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1 its own name. These were organizations that 14:04:57

2 were brought together with their -- with 14:05:01

3 their full awareness that Mallinckrodt is 14:05:04

4 funding and supporting this initiative. This 14:05:06

5 program has now since been turned over to a 14:05:09

6 nonprofit organization to manage. 14:05:11

7 Q. Does the -- would a member of 14:05:14

8 the public know that it was funded by 14:05:17

9 Mallinckrodt? 14:05:20

10 MR. O'CONNOR: Objection. 14:05:24

11 But you can answer. 14:05:24

12 THE WITNESS: We did not -- 14:05:25

13 no -- no material was distributed to 14:05:30

14 the public under the Alliance for 14:05:32

15 Balanced Pain Management's name, but 14:05:34

16 it had a website and there was not any 14:05:37

17 way -- we were not trying to prevent 14:05:39

18 anyone from that information. 14:05:41

19 QUESTIONS BY MR. KELLY: 14:05:43

20 Q. Did it disclose that 14:05:44

21 information on the website? 14:05:45

22 MR. O'CONNOR: Objection. 14:05:46

23 THE WITNESS: I would have to 14:05:47

24 look at the website. 14:05:47

25

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1 QUESTIONS BY MR. KELLY: 14:05:48

2 Q. Okay. Are you -- are you still 14:05:48

3 on the steering committee for this 14:05:52

4 organization? 14:05:54

5 MR. O'CONNOR: Objection. 14:05:54

6 THE WITNESS: I am. 14:05:55

7 QUESTIONS BY MR. KELLY: 14:05:56

8 Q. And who is Bob Twillman? 14:05:57

9 MR. O'CONNOR: Objection. 14:06:00

10 THE WITNESS: Bob Twillman -- 14:06:00

11 Dr. Twillman is the executive director 14:06:04

12 of what is now, I believe, the -- at 14:06:06

13 the time it was the American Academy 14:06:10

14 of Pain Management. 14:06:13

15 QUESTIONS BY MR. KELLY: 14:06:13

16 Q. And is he involved in the 14:06:13

17 alliance for pain -- or sorry, the Alliance 14:06:15

18 for Balanced Pain Management? 14:06:22

19 A. He was. I cannot speak to 14:06:22

20 whether he is or not. Since we turned it 14:06:25

21 over, I don't have visibility to the 14:06:27

22 membership of who is in it or not. 14:06:28

23 Q. Okay. What is CPOP? 14:06:31

24 MR. O'CONNOR: Objection. 14:06:44

25 THE WITNESS: CPOP is the 14:06:45

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1 Collaborative for Effective 14:06:47

2 Prescription Opioid Policies, which is 14:06:49

3 an organization based in Washington, 14:06:53

4 DC, where -- similar scope to identify 14:06:55

5 how, as third-party groups, we can 14:06:58

6 continue to advance patient safety and 14:07:01

7 effective opioid prescribing. 14:07:03

8 QUESTIONS BY MR. KELLY: 14:07:04

9 Q. And who is the leadership of 14:07:05

10 CPOP? 14:07:06

11 MR. O'CONNOR: Objection. 14:07:07

12 THE WITNESS: The meeting -- 14:07:08

13 the coalition was convened by Trust 14:07:11

14 for America's Health, the Community 14:07:13

15 Anti-Drug Coalitions of America and 14:07:17

16 former-Representative Mary Bono. 14:07:20

17 QUESTIONS BY MR. KELLY: 14:07:22

18 Q. And the Community of Anti-Drug 14:07:22

19 Alliances of America, is that -- 14:07:24

20 A. CADCA, the community -- the 14:07:26

21 Community Anti-Drug Coalitions of America, 14:07:28

22 run by General Dean. 14:07:30

23 Q. And who funds CPOP? 14:07:33

24 MR. O'CONNOR: Objection. 14:07:35

25 THE WITNESS: Mallinckrodt is a 14:07:36

<p style="text-align: right;">Page 178</p> <p>1 funder of CPOP, a funder, but I do not 14:07:39</p> <p>2 know their other funders, if they have 14:07:43</p> <p>3 any. 14:07:45</p> <p>4 QUESTIONS BY MR. KELLY: 14:07:47</p> <p>5 Q. So is Mallinckrodt their 14:07:47</p> <p>6 primary funder? 14:07:49</p> <p>7 MR. O'CONNOR: Objection. 14:07:50</p> <p>8 THE WITNESS: We are a funder, 14:07:50</p> <p>9 but I do not have visibility, nor do I 14:07:52</p> <p>10 know their total budget. 14:07:54</p> <p>11 QUESTIONS BY MR. KELLY: 14:07:55</p> <p>12 Q. And does Mallinckrodt sponsor 14:07:55</p> <p>13 CADCA to an extent? 14:07:57</p> <p>14 MR. O'CONNOR: Objection. 14:07:58</p> <p>15 THE WITNESS: We do. 14:07:59</p> <p>16 (Mallinckrodt-Webb Exhibit 27 14:08:21</p> <p>17 marked for identification.) 14:07:59</p> <p>18 QUESTIONS BY MR. KELLY: 14:07:59</p> <p>19 Q. I have another exhibit for you. 14:08:01</p> <p>20 It's 27. This is Bates stamped 14:08:10</p> <p>21 MNK_TNSTA01002290. 14:08:17</p> <p>22 MR. O'CONNOR: Are you still on 14:08:57</p> <p>23 Topic 24? 14:08:59</p> <p>24 MR. KELLY: I am, yes. 14:09:00</p> <p>25 THE WITNESS: Okay. 14:09:26</p>	<p style="text-align: right;">Page 180</p> <p>1 QUESTIONS BY MR. KELLY: 14:10:16</p> <p>2 Q. Okay. I give you Exhibit 28, 14:10:16</p> <p>3 which is Bates stamped MNK_TNSTA00155119. 14:10:18</p> <p>4 A. Thank you. Okay. 14:10:44</p> <p>5 Q. Would you say -- can you read 14:11:28</p> <p>6 the second paragraph of your response in this 14:11:34</p> <p>7 e-mail? 14:11:37</p> <p>8 A. This paragraph is in context to 14:11:37</p> <p>9 the radio interview between Dr. Twillman and 14:11:44</p> <p>10 Dr. Kolodny, and I state, "You'll notice that 14:11:49</p> <p>11 Bob's delivery of stats, or statistics, 14:11:55</p> <p>12 suggest pain patients have encountered access 14:11:58</p> <p>13 challenges as a result of the recent 14:12:00</p> <p>14 restrictions put in place at the federal and 14:12:02</p> <p>15 state level was less than overwhelming. As 14:12:04</p> <p>16 originators of the alliance, I would like to 14:12:08</p> <p>17 provide our alliance members some impactful 14:12:10</p> <p>18 stats that support the message so that we 14:12:14</p> <p>19 don't encounter these types of misses again." 14:12:15</p> <p>20 Q. Would that be an accurate 14:12:18</p> <p>21 expression of Mallinckrodt's position? 14:12:20</p> <p>22 MR. O'CONNOR: Objection. 14:12:22</p> <p>23 THE WITNESS: I do not want to 14:12:29</p> <p>24 say this is an accurate representation 14:12:30</p> <p>25 of Mallinckrodt's position. This was 14:12:30</p>
<p style="text-align: right;">Page 179</p> <p>1 QUESTIONS BY MR. KELLY: 14:09:28</p> <p>2 Q. Do you recognize that document? 14:09:28</p> <p>3 A. I do. 14:09:29</p> <p>4 Q. And is it accurate? 14:09:30</p> <p>5 MR. O'CONNOR: Objection. 14:09:31</p> <p>6 THE WITNESS: I mean, it's 14:09:35</p> <p>7 accurate as to the best of the ability 14:09:36</p> <p>8 for me to remember what's on there. 14:09:38</p> <p>9 QUESTIONS BY MR. KELLY: 14:09:39</p> <p>10 Q. Okay. Did Mallinckrodt have 14:09:39</p> <p>11 any expectations in return for funding these 14:09:43</p> <p>12 programs? 14:09:46</p> <p>13 MR. O'CONNOR: Objection to the 14:09:47</p> <p>14 scope and the form. 14:09:50</p> <p>15 But go ahead. 14:09:51</p> <p>16 THE WITNESS: No. No. 14:09:54</p> <p>17 These programs were managed 14:09:56</p> <p>18 through our advocacy initiatives to 14:09:57</p> <p>19 expand access to patient treatment or 14:10:02</p> <p>20 to -- safe use for opioids. At no 14:10:05</p> <p>21 time was any particular opioid or 14:10:07</p> <p>22 advancement of opioids discussed 14:10:12</p> <p>23 within any of these organizations. 14:10:13</p> <p>24 (Mallinckrodt-Webb Exhibit 28 14:10:15</p> <p>25 marked for identification.) 14:10:16</p>	<p style="text-align: right;">Page 181</p> <p>1 my statement to provide to the 14:12:32</p> <p>2 alliance members. 14:12:33</p> <p>3 QUESTIONS BY MR. KELLY: 14:12:41</p> <p>4 Q. Is it consistent with 14:12:41</p> <p>5 Mallinckrodt's position? 14:12:42</p> <p>6 MR. O'CONNOR: Objection. 14:12:43</p> <p>7 THE WITNESS: Mallinckrodt has 14:12:44</p> <p>8 always advocated and taken positions 14:12:50</p> <p>9 that patients should have access to 14:12:51</p> <p>10 appropriate pain management, so this 14:12:53</p> <p>11 statement of the statistics would be 14:12:57</p> <p>12 consistent with Mallinckrodt's 14:13:00</p> <p>13 understanding that patients who need 14:13:02</p> <p>14 appropriate pain management should 14:13:04</p> <p>15 have access to it. 14:13:07</p> <p>16 QUESTIONS BY MR. KELLY: 14:13:14</p> <p>17 Q. Has CPOP held any events? 14:13:19</p> <p>18 MR. O'CONNOR: Objection. 14:13:26</p> <p>19 THE WITNESS: Can you specify, 14:13:27</p> <p>20 when you say "events," what type of 14:13:29</p> <p>21 events? 14:13:31</p> <p>22 QUESTIONS BY MR. KELLY: 14:13:32</p> <p>23 Q. Sure, they -- have they done 14:13:32</p> <p>24 any informational presentations? 14:13:33</p> <p>25 MR. O'CONNOR: Objection. 14:13:35</p>

<p style="text-align: right;">Page 182</p> <p>1 THE WITNESS: To whom are you 14:13:35</p> <p>2 referring to? To who -- 14:13:38</p> <p>3 QUESTIONS BY MR. KELLY: 14:13:40</p> <p>4 Q. Have they held any events that 14:13:40</p> <p>5 are meant to inform? 14:13:42</p> <p>6 MR. O'CONNOR: Objection. 14:13:48</p> <p>7 THE WITNESS: To my knowledge, 14:13:48</p> <p>8 they have not had patient events. 14:13:49</p> <p>9 They've had meetings at various 14:13:51</p> <p>10 conferences with third-party groups 14:13:58</p> <p>11 that would be interested in 14:13:59</p> <p>12 participating and being part of the 14:14:01</p> <p>13 CPOP organization. 14:14:03</p> <p>14 QUESTIONS BY MR. KELLY: 14:14:04</p> <p>15 Q. Do you recall a presentation in 14:14:04</p> <p>16 Nashville that was organized by CPOP? 14:14:06</p> <p>17 MR. O'CONNOR: Objection. 14:14:09</p> <p>18 THE WITNESS: I recall there 14:14:10</p> <p>19 was an event in Nashville, but I'm 14:14:16</p> <p>20 not -- I do not recall who the 14:14:19</p> <p>21 organizer was. I don't know if it was 14:14:20</p> <p>22 CPOP or not. 14:14:21</p> <p>23 QUESTIONS BY MR. KELLY: 14:14:22</p> <p>24 Q. Do you recall CPOP holding a 14:14:23</p> <p>25 presentation -- or organizing a presentation 14:14:25</p>	<p style="text-align: right;">Page 184</p> <p>1 QUESTIONS BY MR. KELLY: 14:15:22</p> <p>2 Q. All right. Moving to Topic 26, 14:15:40</p> <p>3 earlier you testified in this area quite some 14:15:48</p> <p>4 time, so I just had some things I wanted to 14:15:52</p> <p>5 clarify. 14:15:54</p> <p>6 How does Mallinckrodt define 14:15:54</p> <p>7 health care providers? 14:15:57</p> <p>8 A. A health care provider would 14:16:03</p> <p>9 be, in our opinion, someone who has a 14:16:04</p> <p>10 professional designation. 14:16:06</p> <p>11 Q. Okay. Would pharmacists be 14:16:08</p> <p>12 considered health care providers? 14:16:10</p> <p>13 A. Yes. 14:16:12</p> <p>14 Q. And earlier you referenced some 14:16:12</p> <p>15 materials being distributed at trade shows. 14:16:22</p> <p>16 Did prescribers attend trade 14:16:26</p> <p>17 shows? 14:16:29</p> <p>18 MR. O'CONNOR: Objection. 14:16:31</p> <p>19 Scope. 14:16:32</p> <p>20 THE WITNESS: I recall that I 14:16:35</p> <p>21 spoke to material being distributed at 14:16:36</p> <p>22 trade shows in both the generic and 14:16:37</p> <p>23 the brand. 14:16:40</p> <p>24 Could you specify which trade 14:16:40</p> <p>25 show? 14:16:42</p>
<p style="text-align: right;">Page 183</p> <p>1 on behalf of Axial Healthcare? 14:14:27</p> <p>2 MR. O'CONNOR: Objection. 14:14:30</p> <p>3 THE WITNESS: I would not. I 14:14:31</p> <p>4 mean, nothing comes to mind. 14:14:37</p> <p>5 QUESTIONS BY MR. KELLY: 14:14:38</p> <p>6 Q. How many -- how many of these 14:14:41</p> <p>7 informational sessions for stakeholders would 14:14:43</p> <p>8 you say that CPOP has held? 14:14:46</p> <p>9 MR. O'CONNOR: Objection. 14:14:48</p> <p>10 THE WITNESS: I wouldn't know 14:14:49</p> <p>11 the number. 14:14:51</p> <p>12 QUESTIONS BY MR. KELLY: 14:14:52</p> <p>13 Q. Is it -- could it be one? 14:14:53</p> <p>14 A. It would -- 14:14:57</p> <p>15 MR. O'CONNOR: Objection. 14:14:58</p> <p>16 THE WITNESS: It would be at 14:14:58</p> <p>17 least one. 14:14:59</p> <p>18 QUESTIONS BY MR. KELLY: 14:14:59</p> <p>19 Q. Okay. Do you recall CPOP 14:15:00</p> <p>20 putting on a presentation that focused on 14:15:12</p> <p>21 neonatal abstinence syndrome? 14:15:16</p> <p>22 MR. O'CONNOR: Objection. 14:15:20</p> <p>23 THE WITNESS: I do not know. 14:15:20</p> <p>24 I'm not aware of it. 14:15:21</p> <p>25</p>	<p style="text-align: right;">Page 185</p> <p>1 QUESTIONS BY MR. KELLY: 14:16:43</p> <p>2 Q. In general, do prescribers 14:16:43</p> <p>3 attend trade shows? 14:16:45</p> <p>4 MR. O'CONNOR: Objection. 14:16:48</p> <p>5 THE WITNESS: My understanding 14:16:49</p> <p>6 of prescribers would attend -- we 14:16:50</p> <p>7 used the broad term "trade shows." 14:16:55</p> <p>8 They would attend trade shows 14:16:57</p> <p>9 or organizations of their professional 14:16:59</p> <p>10 associations, they would attend those 14:17:02</p> <p>11 show -- trade shows, but I can't speak 14:17:03</p> <p>12 to what other trade shows they may or 14:17:05</p> <p>13 may not attend. 14:17:09</p> <p>14 QUESTIONS BY MR. KELLY: 14:17:10</p> <p>15 Q. Is Pain Week a trade show? 14:17:10</p> <p>16 A. I would classify Pain Week as a 14:17:12</p> <p>17 trade show. 14:17:16</p> <p>18 Q. Does Mallinckrodt -- does 14:17:16</p> <p>19 Mallinckrodt's branded organization attend 14:17:20</p> <p>20 Pain Week? 14:17:24</p> <p>21 A. We have. 14:17:24</p> <p>22 Q. And does Mallinckrodt's 14:17:26</p> <p>23 generics department attend Pain Week? 14:17:31</p> <p>24 A. I'm not aware that they would. 14:17:33</p> <p>25 They would have no reason to, but I can't say 14:17:37</p>

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1 that they've never been at a Pain Week trade 14:17:39
 2 show. 14:17:41
 3 Q. Does Mallinckrodt distribute 14:17:41
 4 materials at Pain Week? 14:17:43
 5 A. Within the -- within the 14:17:45
 6 confines of our -- of our company booth. 14:17:47
 7 Q. Are there any trade shows where 14:17:56
 8 Mallinckrodt's generics department presents 14:18:00
 9 or provides materials that prescribers 14:18:03
 10 attend? 14:18:05
 11 A. The generics team would pre -- 14:18:06
 12 would have a booth, a Mallinckrodt booth, at 14:18:12
 13 generally the wholesaler trade shows, the 14:18:17
 14 HDA, larger wholesaler, distributor trade 14:18:22
 15 shows. I'm not aware if they would attend 14:18:26
 16 any pharmacy or pharmacist trade shows, but 14:18:27
 17 they should not be attending any physician 14:18:30
 18 trade shows, but I can't say that they 14:18:33
 19 wouldn't, that they've never done it before. 14:18:35
 20 MR. KELLY: Can we take a quick 14:18:52
 21 break? 14:18:53
 22 MR. O'CONNOR: Sure. 14:18:53
 23 VIDEOGRAPHER: We're going off 14:18:54
 24 the record at 2:18 p.m. 14:18:55
 25 (Off the record at 2:18 p.m.) 14:18:57

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1 **CERTIFICATE**
 2
 3 I, CARRIE A. CAMPBELL, Registered
 4 Diplomate Reporter, Certified Realtime
 5 Reporter and Certified Shorthand Reporter, do
 6 hereby certify that prior to the commencement
 7 of the examination, Kevin Webb, was duly
 8 sworn by me to testify to the truth, the
 9 whole truth and nothing but the truth.
 10 I DO FURTHER CERTIFY that the
 11 foregoing is a verbatim transcript of the
 12 testimony as taken stenographically by and
 13 before me at the time, place and on the date
 14 hereinbefore set forth, to the best of my
 15 ability.
 16
 17 I DO FURTHER CERTIFY that I am
 18 neither a relative nor employee nor attorney
 19 nor counsel of any of the parties to this
 20 action, and that I am neither a relative nor
 21 employee of such attorney or counsel, and
 22 that I am not financially interested in the
 23 action.
 24
 25 CARRIE A. CAMPBELL,
 NCRA Registered Diplomate Reporter
 Certified Realtime Reporter
 Notary Public
 Dated: January 22, 2019

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1 **INSTRUCTIONS TO WITNESS**
 2
 3 Please read your deposition over
 4 carefully and make any necessary corrections.
 5 You should state the reason in the
 6 appropriate space on the errata sheet for any
 7 corrections that are made.
 8 After doing so, please sign the
 9 errata sheet and date it. You are signing
 10 same subject to the changes you have noted on
 11 the errata sheet, which will be attached to
 12 your deposition.
 13 It is imperative that you return
 14 the original errata sheet to the deposing
 15 attorney within thirty (30) days of receipt
 16 of the deposition transcript by you. If you
 17 fail to do so, the deposition transcript may
 18 be deemed to be accurate and may be used in
 19 court.
 20
 21
 22
 23
 24
 25

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1 **ACKNOWLEDGMENT OF DEPONENT**
 2
 3
 4 I, _____, do
 5 hereby certify that I have read the foregoing
 6 pages and that the same is a correct
 7 transcription of the answers given by me to
 8 the questions therein propounded, except for
 9 the corrections or changes in form or
 10 substance, if any, noted in the attached
 11 Errata Sheet.
 12
 13 _____
 14 Kevin Webb 30(b)(6) DATE
 15
 16 Subscribed and sworn to before me this
 17 _____ day of _____, 20 _____.
 18 My commission expires: _____
 19 Notary Public
 20
 21
 22
 23
 24
 25

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